

OFFICE of VITAL STATISTICS

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FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 169

1. PLACE OF DEATH
County Hillsborough District No. 19-01
Precinct _____ Precinct No. _____ State File No. 7111
or _____
Inc. Town _____ City or Town No. 19-510 Registered No. 390
City Tampa, Fla. No. Tampa Municipal Hospital St. _____ Ward _____
(If death occurs in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. 1 mos. _____ ds. How long in U. S. if of foreign birth? 9 yrs. _____ mos. _____ ds.

2. FULL NAME EDUARDO ANGLES
(a) Residence: No. 1028 Broadway St. _____ Ward New Orleans, La.
_____ (Usual place of abode) _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. Single, married, widowed or divorced (write the word) Married

21. DATE OF DEATH (month, day, and year) April 29 19 39

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Avelina Suarez Angles

22. I HEREBY CERTIFY, That I attended deceased from _____ April 18 19 39 to _____ April 29th 19 39

6. DATE OF BIRTH (month, day and year) May 3rd 1894

I last saw him alive on April 29th, 1939, death is said to have occurred on the date stated above, at 7: A.M.

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min. 44 11 26

The principal cause of death and related causes of importance in order of onset were as follows:

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Consul

Internal hemorrhage caused by fall from 4th floor window of hospital 4-27-39

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cuban Consulate

10. Date deceased last worked at this occupation (month and year) March 1939 11. Total time (years) spent in this occupation 22 yrs.

Co. Secondary causes of importance not related to principal cause:

12. BIRTHPLACE (city or town) (State or country) Cuba

Agitated depression with suicidal impulse

13. NAME Eduardo Angles

Name of operation exploratory Date of 4-28-39

14. BIRTHPLACE (city or town) (State or country) Cuba

What test confirmed diagnosis? _____ Was there an autopsy? no

15. MAIDEN NAME Carmen Paradila

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? suicide of injury 4/29, 1939

16. BIRTHPLACE (city or town) (State or country) Cuba

Where did injury occur? Tampa Municipal Hospital (Specify city or town, county, and State)

17. INFORMANT (Address) J. P. Salinas 241 E. Rose Ave

Specify whether injury occurred in industry, in home, or in public place. General hospital

18. BURIAL, CREMATION, OR REMOVAL Place Havana, Cuba Date May 1st 1939

Manner of injury suicidal Nature of injury Contusion of back muscles and internal organs

19. UNDERTAKER Lord & Ferguson (Address) 1902 Mitchell St, Tampa, Fla.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____ (Signed) H. P. Mason Smith M.D.

20. FILED May 1st 1939 T.L. DeLoof Local Registrar

(Address) Tampa, Fla.

C. Meade G. J., State Registrar

Date Issued: FEB 04 2011

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DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD

FLORIDA DEPARTMENT OF HEALTH

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