

Mattie Lavinia Shipes



Born: 1881 Hampton, SC
Married: Wilson Franklin Freeman
Died: 25 Jul 1949 Sanford, FL
Parents: Phillip Shipes & Mary Nance

STATE OF FLORIDA
OFFICE of VITAL STATISTICS
CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 15497
REGISTRAR'S NO. 132

1. PLACE OF DEATH a. COUNTY <u>Seminole</u>		CODE NO. <u>69-12</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Florida</u> b. COUNTY <u>Seminole</u>	
b. CITY OR TOWN <u>Sanford</u> (If outside corporate limits, write RURAL.)		c. LENGTH OF STAY (In this place) <u>21 yrs.</u>	c. CITY OR TOWN <u>Sanford</u> (If outside corporate limits, write RURAL.)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>III Cedar Ave</u> (If not in hospital or institution, give street address or location)			d. STREET ADDRESS (If rural, give location) <u>III cedar Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u> b. (Middle) <u>Luvonia</u> c. (Last) <u>Freeman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 25, 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 6, 1881.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (In years, in order: Year, Month, Days, Hours, Min.) <u>68 0 19</u>	
11. BIRTHPLACE (State or foreign country) <u>Hampton County, S.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Philip Shipes</u>		14. MOTHER'S MAIDEN NAME <u>Nancy Jones.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE <u>X M. P. Freeman</u> ADDRESS <u>Orlando, Fla.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Days.</u>		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>Broncho-pneumonia</u>		3 Days.		
Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (c) <u>Cerebral Hemorrhage</u>		11 Days.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>None</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>331X-22</u>		21b. PLACE OF INJURY (a.e., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY OR TOWN) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>15 July, 1949</u> , to <u>25 July, 1949</u> , that I last saw the deceased alive on <u>25 July, 1949</u> and that death occurred at <u>8:30 Am.</u> from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Philip Shipes</u>		23b. ADDRESS <u>Sanford Fla.</u>		23c. DATE SIGNED <u>7/25/49.</u>
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>		24d. LOCATION (City, town, or county) (State) <u>Sanford, Fla.</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>July 26, 1949</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Dorothy K. Kamm</u>		ADDRESS <u>Sanford Fla.</u>

VOID IF ALTERED OR ERASED

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C. Neach G. J., State Registrar

Date Issued: **JUN 11 2009**

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

25677788

CERTIFICATION OF VITAL RECORD



DH FORM 1946 (08-04)



Mattie L Shipes is buried in Evergreen Municipal Cemetery, Sanford, FL Picture taken 7/26/08

