

CERTIFICATE OF DEATH

FLORIDA

1. PLACE OF DEATH:

(a) County Lee District No. 25-01

(b) Precinct Fort Myers Beach Precinct No. 25-117
(Write name, not number)

(c) City or Town _____ City or Town No. _____

(d) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)

(e) Length of stay: In hospital or institution _____

At place of death 15 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Fla (b) County Lee

(c) City or Town rural
(If outside city or town limits, write RURAL)

(d) Street No. Fort Myers Beach
(If rural, give location)

(e) Citizen of Foreign country? No.
yes or no

If yes, name country _____

3. FULL NAME OF DECEASED John Francis Galvin

3 (a) If veteran, name war _____ No. _____

3 (b) Social Security No. _____

4. Sex male 5. Color or race white

6. Single, married, widowed or divorced married

6 (a) If married, widowed or divorced, husband of (or) wife of Davey

6 (b) Age of husband or wife, if alive 69 years

7. Birth date of deceased November 23, 1872
(month) (day) (year)

8. Age: Years <u>73</u>	Months	Days	If less than one day
			hrs. min.

9. Birthplace Bridgeton Conn
(City, town or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Michael Galvin

13. Birthplace Ireland

14. Maiden name Hannah Sheu

15. Birthplace Ireland

16. Informant's Signature Mrs. Audrey Antini

16 (a) Address Fort Myers Beach

17. Burial, cremation or removal? Burial

17 (a) Date Jan 17-46 17 (b) Place Fort Myers Fla

18. Funeral Director's Signature Lawrence G. Powell

18 (a) Address Fort Myers Fla

19. Filed Jan 17 1946 F. F. Quam
Local Registrar

MEDICAL CERTIFICATION

20. Date of Death: Month Jan Day 15
Year 1946 hour 10 Minute 0 M.

21. I hereby certify that I attended the deceased from 1939 To Jan 15 1946
that I last saw h alive on Jan 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death <u>Nephritis chronic</u>	Duration <u>many years</u>
Due to <u>Endocarditis Valvular disease</u>	<u>many years</u>
Due to _____	

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
of operations _____
(Give date of operation)

of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) (Probably) Accident, suicide, homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work _____

23. Signature Opbley D. Newlon M. D.
(a) Opbley D. Newlon Date Signed 1-17-46

I hereby certify the above to be a true and correct copy of the local Registrar's record on file in the office of the Lee County Health Department at Fort Myers, Florida.

(WARNING: Not valid unless raised seal of the LEE COUNTY HEALTH DEPARTMENT is affixed.)

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L

Joseph W. Lawrence III
County Health Officer and Local Registrar

Feb 24, 1978 Attested: Lulu E. Hopkins
Date Deputy Registrar