

OFFICE of VITAL STATISTICS

CERTIFICATE OF DEATH

74-038181

Department of Health and Rehabilitative Services
DIVISION OF HEALTH
BUREAU OF VITAL STATISTICS

FLORIDA

STATE FILE NO. _____

REGISTRAR'S NO. 201

DECEASED—NAME JAMES PATRICK KINNEY		SEX MALE	DATE OF DEATH MAY 29, 1974
RACE White	AGE—LAST BIRTHDAY 57	DATE OF BIRTH 3-16-23	COUNTY OF DEATH Sarasota
CITY, TOWN, OR LOCATION OF DEATH Sarasota	HOSPITAL OR OTHER INSTITUTION—NAME Memorial Hospital	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SPECIFY	
STATE OF BIRTH Ohio	CITIZEN OF WHAT COUNTRY U.S.A.	SURVIVING SPOUSE Marlyn Beebe	
SOCIAL SECURITY NUMBER 278-16-9297	USUAL OCCUPATION Mechanical Technician	KIND OF BUSINESS OR INDUSTRY Manufacturer	
RESIDENCE—STATE Florida	COUNTY Sarasota	CITY, TOWN, OR LOCATION Sarasota	STREET AND NUMBER 2226 Webber St.
FATHER—NAME Frank J. Kinney		MOTHER—MAIDEN NAME Neva Mc Laughlin	
INFORMANT—NAME Mrs. Marlyn Kinney		MAILING ADDRESS 2226 Webber St., Sarasota, Florida	

VOID IF ALTERED OR ERASED

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CERTIFICATION—PHYSICIAN I ATTENDED THE DECEASED FROM 1-22-74 TO 5-24-74	AND LAST SAW HIM / HER ALIVE ON 3-25-74	I DID / DID NOT VIEW THE BODY AFTER DEATH NO	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, SHE / HE OCCURRED ON THE DATE AND CAUSE STATED 3:25 A.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER ON THE BASIS OF THE EXAMINATION OF THE BODY AND / OR THE INVESTIGATION IN MY OPINION, DEATH OCCURRED ON THE DATE AND CAUSE STATED			
CERTIFIER—NAME Michael H. Gray, M.D., P.A.	SIGNATURE <i>[Signature]</i>	DEGREE OR TITLE M.D.	DATE SIGNED May 30, 1974
MAILING ADDRESS 1880 Arlington Street	CITY OR TOWN Sarasota	STATE Florida	ZIP 33579
SERIAL CREMATION, REMOVAL, SPECIFY Removal	CEMETERY OR CREMATORY—NAME Arlington Mem. Gard.	LOCATION Cincinnati, Ohio	
DATE 5-29-74	FUNERAL HOME—NAME AND ADDRESS Robarts Funeral Home, Inc., Postal Drawer A, Sarasota, Fla.		
FILED DIRECTOR—SIGNATURE <i>[Signature]</i>	REGISTRAR—SIGNATURE <i>[Signature]</i>	DATE RECEIVED BY LOCAL REGISTRAR 5-30-74	

C. Meade Grijj, State Registrar

Date Issued: **JAN 19 2012**

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 WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT.

WARNING:



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DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD

