

CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important (See instructions on back of certificate.)

1. PLACE OF DEATH

County of Florence SC
Township of _____
or
Inc. Town of Florence SC
or
City of _____

CERTIFICATE OF DEATH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
16196

Registration District No. 20-A
(No 305 W Palmetto St)
St.;

Registered No. 307
(For use of Local Registrar)
(If death occurred in a Hospital or institution give its NAME instead of street and number.)
Ward _____

2. FULL NAME Seaborn Polk Christopher

Residence—
In City _____ Yrs. _____ Mos. _____ Days _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. ~~SINGLE~~ WIDOWED
OR DIVORCED
(Write the word)

6. DATE OF BIRTH Nov 25th 1884
(Month) (Day) (Year)

7. AGE 84 yrs. _____ mos. _____ dys. IF LESS than 1 day _____ hrs. or _____ min.

8. OCCUPATION (a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of Industry, business, or establishment in which employed (or employer) _____

9. BIRTHPLACE (State or Country) Ga

PARENTS
10. NAME OF FATHER Thomas Christopher
11. BIRTHPLACE OF FATHER (State or country) Ga
12. MAIDEN NAME OF MOTHER Catherine Jones
13. BIRTHPLACE OF MOTHER (State or country) Ga

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. G. Early
(Address) Florence SC

15. FILED 9-18- 1928 P. H. Brigham
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 16th 1928
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1928, to Sept 16th 1928, that I last saw him live on Sept 10th 1928, and that death occurred, on the date stated above, at 1³⁰a m. The CAUSE OF DEATH* was as follows:

Senility
(Duration) _____ yrs. _____ mos. _____ days

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ days

18. Where was disease contracted if not at place of death? _____

Did operation precede death? _____ date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____
(Signed) John Howell M.D.
Sept 16th 1928, 19____ (Address) Florence SC

*State the Disease causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

19. Place of Burial or Removal Bishop Ga. DATE OF BURIAL Sept 17th 1928

20. UNDERTAKER E. H. Oulla ADDRESS Florence S. C.