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CERTIFICATE OF DEATH Carroll & Donaldson FLORIDA

CHICAGO TITLE INSURANCE COMPANY

TYPE OR PRINT IN PERMANENT BLACK INK 1616

Form with sections: DECEDENT (MARGARET C. FITZGERALD), PARENTS (Thomas Fitzgerald, Mary Lane), DISPOSITION (Burial at Forest Lawn Memorial Gardens), CERTIFIER (Clyde T. Stoner, M.D.), CAUSE OF DEATH (Arteriosclerotic Cardiovascular disease, Diabetes Mellitus - Severe).

State of Florida Department of Health and Rehabilitation Services VITAL STATISTICS

Sw sw Part Sec 6-34-8 Key 7-4-13 2-2-8 AC

CERTIFIED COPY

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

(Warning: Not valid unless raised seal of the Broward County Health Dept. is affixed.)

FILED

MAY 16 1986

11/16/81

AUDITOR LAKE COUNTY

County Health Officer and Local Registrar

Chief Deputy Registrar

Chief Deputy Local Registrar

464 400