THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

OFFICE of VITAL STATISTICS

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FILE NO. ECEDENT'S NAME (First, Middle, Last, Suffix	FLORI				DE 18 19 19 19 19 19 19 19 19 19 19 19 19 19	2. SEX
Nathaniel			Brown			Male
ATE OF BIRTH (Month, Day, Year)	4a. AGE-Last Birtho (Years)	day 4b, UNDER 1 YEAR Months Da	ys Hours	Minutes		DEATH (Month, Day, Year) 4. 2006
october 4, 1950 OCIAL SECURITY NUMBER 7. BIR	THPLACE (City and Sta	ate or Foreign Country)	- ε	COUNTY OF		4, 2006
	nter Garden,	, Florida		Orange		
neck only one)		rgency Room/Outpatient sing Home/Long Term Care Fa		On Arrival dent's Home	_Other (Specify)	
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ealth Central			Ocoee	V 46		X YesN
ARITAL STATUS (Specify)		Divorced X Never Ma		VING SPOUSE	S NAME (If wife,	give maiden name)
MarriedMarried, but Separated RESIDENCE - STATE	Widowed	DivorcedX_Never Ma		TOWN, OR LO	CATION	
Clorida	Orange	e , 1 ,		er Garde		
STREET ADDRESS				14e. APT. NO.	14f. ZIP CODE	
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Laborer				struction		
ECEDENT'S RACE (Specify the race/races to					specified.)	
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Native Hawaiian Guamanian or t	Chamorro S		Isl. (Specify)			Specify)
ECEDENT OF HISPANIC OR HAITIAN ORIG cify if decedent was of Hispanic or Haitian Ori	GIN? Yes (If Yes, sigin.)	specify) X No		_ Puerto Rican	Cuban	Central/South American
ECEDENT'S EDUCATION (Specify the dece	edent's highest grade or	level of school completed at ti	Other Hispan me of death.)	с (эреспу)		19. WAS DECEDENT EVER II
		L High school diploma or GED				U.S. ARMED FORCES?
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ATHER'S NAME (First, Middle, Last, Suffix)	1/2	Isabel			ourname)	() . V)
INFORMANT'S NAME			ONSHIP TO DEC	The second second second second second	a. INFORMANT'S	MAILING - STATE
enry Brown		Fathe	r		Connection	
CITY OR TOWN		TREET ADDRESS				23d. ZIP CODE 06492-
allingford PLACE OF DISPOSITION (Name of cemetery	The state of the s	Clifton Street ace) 25a. LOCATION	- STATE	25a. L	OCATION - CITY	
Metro Crematory		Florida		00	oee	
METHOD OF DISPOSITIONBurial	Entombment X	Cremation Donation	Removal from	State	Other (Specify)	
IF CREMATION, DONATION OR BURIAL AT WAS MEDICAL EXAMINER APPROVAL GRANTED? X Yes AME OF FUNERAL FACILITY SETVIN C. Zanders Funer CITY OR TOWN	_No 1276		b. SIGNATURE	F FUNERAL SE	ACILITY'S MAILI	MI
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Date Issued: MAY 2 3 2013

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

WARNING:

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