

Health & Rehabilitative Services

DISTRICT ELEVEN
1350 N.W. 14th ST.

DADE COUNTY DEPARTMENT OF
PUBLIC HEALTH
MIAMI, FLORIDA 33125

I HEREBY CERTIFY THIS TO BE A TRUE COPY
OF THE LOCAL REGISTRAR'S RECORD OF
DEATH.

WARNING:

Not valid unless the raised
seal of the Bureau of Vital
Statistics is affixed.

Barbara Marchetti
DEPUTY REGISTRAR

VITAL RECORDS UNIT

State of Florida
Department of Health and Rehabilitative Services
VITAL STATISTICS

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO

LOCAL FILE NO

03700

TYPE OR PRINT IN PERMANENT BLACK INK

1. OCCIDENT-NAME FIRST: CARL MIDDLE: REUBEN LAST: MATTSO			SEX: MALE	DATE OF DEATH: MARCH 8, 1979
2. RACE: White			AGE: 62	DATE OF BIRTH: AUG. 19, 1916
3. CITY, TOWN OR LOCATION OF DEATH: MIAMI			4. HOSPITAL OR OTHER PLACE OF DEATH: VETERANS ADM. MED CTR	
5. STATE OF BIRTH: Massachusetts			6. CITIZEN OF WHAT COUNTRY: U S A	
7. SOCIAL SECURITY NUMBER: 028-05-7859			8. MARRIAGE STATUS: Married	
9. RESIDENCE-STATE: Florida			10. COUNTY: Dade	
11. USUAL RESIDENCE WHERE DECEASED LIVED: Florida			12. OCCUPATION: Carpenter	
13. FATHER-NAME: Alfred Mattson			14. MOTHER-NAME: Irene Isaacson	
15. INFORMANT-NAME: Lucille E Mattson			16. ADDRESS: 12251 S. W. 191 St. Miami, Florida 33177	
17. BURIAL: Burial			18. FUNERAL HOME: Alligood Carroll Funeral Home	

2314

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

19. DATE SIGNED: MARCH 8, 1979	20. HOUR OF DEATH: 9:41 A.
21. NAME OF ATTENDING PHYSICIAN: J. CHAN, M.D.	
22. NAME AND ADDRESS OF CERTIFIER: MICHAEL B. ALBIN, M.D. VETERANS ADM. MED CTR 1201 NW 16TH ST. MIA, FLA 33125	

CONDITIONS IN ALL WHICH CAUSE BISE (1) IMMEDIATE CAUSE (2) STATING THE UNDERLYING CAUSE (3)

23. REGISTERAR: Sub Robert L Carroll	24. DATE FILED BY REGISTRAR: March 10-1979
25. IMMEDIATE CAUSE: ACUTE BRONCHOPNEUMONIA	
26. DUE TO OR AS A CONSEQUENCE OF: MALIGNANT PLEURAL MESOTHELIOMA	
27. REGISTERED IN OFFICIAL RECORDS BOOK OF DADE COUNTY, FLORIDA: YES	
28. WAS LAST REFERRED TO MEDICAL EXAMINER: NO	
29. INJURY AT WORK: No	30. DATE OF INQUIRY: No

MARITAL STATUS AFFIDAVIT

4020257

STATE OF ILLINOIS)
COUNTY OF COOK)

SS [Signature]

Lucille E. Mattson, being sworn on oath states that at the time she took title to the property described in Certificate of Title

1174966, she was married (give marital status)

Subsequent to that time (use applicable paragraph (s):

(a) he was married to in the City of, State of, on 19

(b) the marriage was terminated by a judgment order in Case # in the Court of County, State of, on 19, and affiant's marital status has not changed since that date.

(c) that the marriage was terminated by the death of Carl Mattson 9-14-91, which occurred in the County of Dade, State of Florida. and affiant's marital status has not changed since that date. (Attach death ctf.)

(d) that after termination of the marriage as set forth in paragraph above, he was married again, and that marriage being to in the City of, State of, on 19

The legal description of the property described in Certificate of Title # 1174966 is as follows:

Lot Twenty Three (23) in Block Two (2) in Thornton Station a Subdivision of the South East Quarter (1/4) of the South West Quarter (1/4) of Section 31, Township 35 North, Range 14, East of the Third Principal Meridian.

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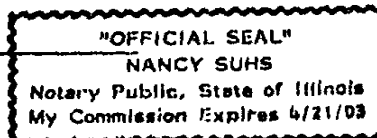
Handwritten notes: 29-31-313 - 02 - 0000, 2056 0116 HO MAX COCK JV 50430

Affiant further states that she makes this affidavit to induce the Registrar of Titles, Cook County, Illinois, to issue her Certificate of Title free and clear of all objections regarding marital status.

Lucille E. Mattson

Subscribed and sworn to before me this 11th day of December, A.D. 1991.

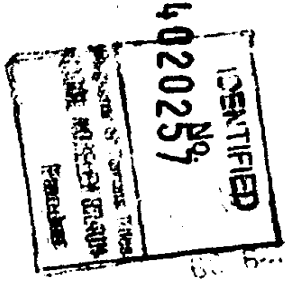
Nancy Suhs Notary Public



Commission expires

UNOFFICIAL COPY

Thompson
11/16/09
Official ID # 125181
11/16/09 5:41 PM



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