## Cornelia Bessie Hiers



Born: 29 Nov 1902 Brunson, South Carolina Died: 5 Dec 1993 Sanford, Florida

Married: Allen Edward Dobson 17 Mar 1921



Born: 4 Feb 1901 Died: 17 Apr 1987

Occupation: Butcher at Roberts Grocery Store Lived at: 4225 Orange Ave, Sanford, FL (1945 FL Census)

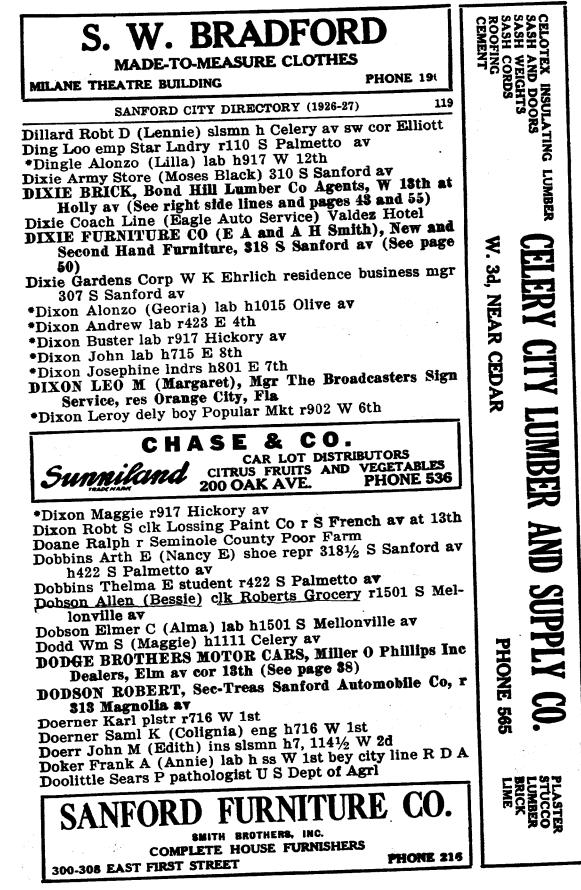
No children

After the death of her father, Joseph Hiers, her mother, Carrie, moved in with Bessie and Allen and they took care of her until Carrie's death in 1966. They lived next door to Bessie's brother, William Hiers.

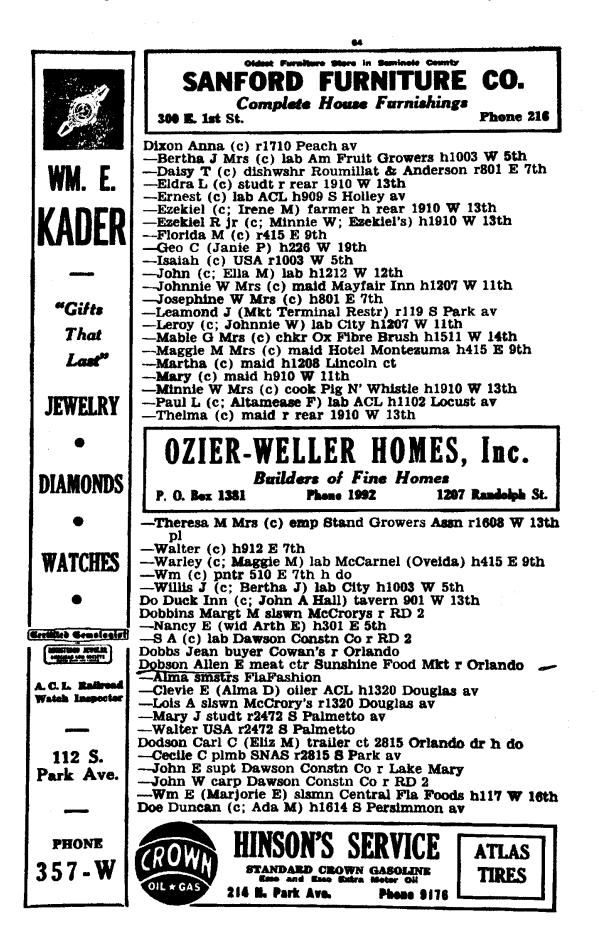
Information below from the Sanford City Directory published 1924 showing Allen Dobson, wife Bessie, and Allen working as a press helper at the Crown Paper Company and living on Mellonville Ave. Note- This places Allen Dobson, William Hiers, Otto Hiers, and possibly Harold Hiers, all working for the Crown Paper Company at the same time.

FIRST NATIONAL BANK A COMMUNITY BUILDER FOUNDED 1887 FIRST ST., AT PARK AVE. PHONE 38 (1924-25) R. L. POLK & CO.'S 132 Dieter Alvin (Margt) mgr J G McCrory Co h815 S PHONE Park av Dieterich Gladys nurse r206 S Park av Dieterich Mae F (wid Harold G) h206 S Park av Dillard Robt D (Linnie) trav h112 E 6th 551 \*Dilworth Mack draymn r611 E 10th \*Dingle Alonzo (Lilla) lab h917 W 12th \*Dingle Jas S (Rosa L) lab h1006 Mangustine av EAGLE Dixie Army Store (Moses Block) 310 S Sanford av DIXIE FURNITURE CO (E A and A H Smith), New AUTO and Used Furniture 321-23 S Sanford av Dixon A Dewey (Mary) driver C W Zaring & Co h111 Cedar av SERVICE \*Dixon Essie M dom r519 Maple av \*Dixon Isaiah (Levenia) draymn h519 Maple av Dixon Jas I (Anna) car repr A C L h701 W 3d \*Dixon Leona dom r519 Maple av RIVERS \*Dixon Leroy msngr r1003 W 5th AND \*Dixon Willis (Teena) draymn h1003 W 5th GIBSON \*Dixon Willis jr lab r1003 W 5th Proprs. DOANE RALPH H, Architect and Builder, Cabinet Work, Wood Carving, Furniture Repairing and Upholstering 119 W 5th, h do (See page 34) Dobbins Arth E (Nancy E) shoe repr 325 S Sanford Baggage av h422 S Palmetto av Dobbins Nancy E Mrs clk Morris Narvis h422 S Pal-Transfer metto av Dobbins Thelma E opr Sou Bell r112 E 5th Dobson Allen E (Bessie) press hlpr Crown Paper Co h Melonville av **OPERATING** Dobson Cleburne r Melonville av SANFORD-Dodd-Jordan Motor Co 206 Magnolia av **DODGE BROTHERS MOTOR CARS (I W Phillips** EUSTIS Sons), Sales and Service Oak av and 2d, Phone 3 (See page 37) BUS Dodson Robt auto mech P A Mero r811 Elm av Doerner Karl F cement wkr r215 W 5th LINE Doerner Mary A student r215 W 5th Doerner Saml K (Coligina) eng A C L h215 W 5th DOLAN ALFRED (Emma), Veterinary Surgeon, Compounder of Dr Dolan's Veterinary Remedies Nov. 1st to May 1st \$13 E 2d, r300 S Palmetto av (See page 64) Valdez Donaldson C S car inspr A C L r Lake Mary Hotel Dooley Jack A rep Sanford Loan & Sav Co r Hotel Valdez Bldg. McKINNON-MARKWOOD 111 N. Park Av. FURNISHERS TO MEN WHO KNOW 102 E 1st St. PHONE 545

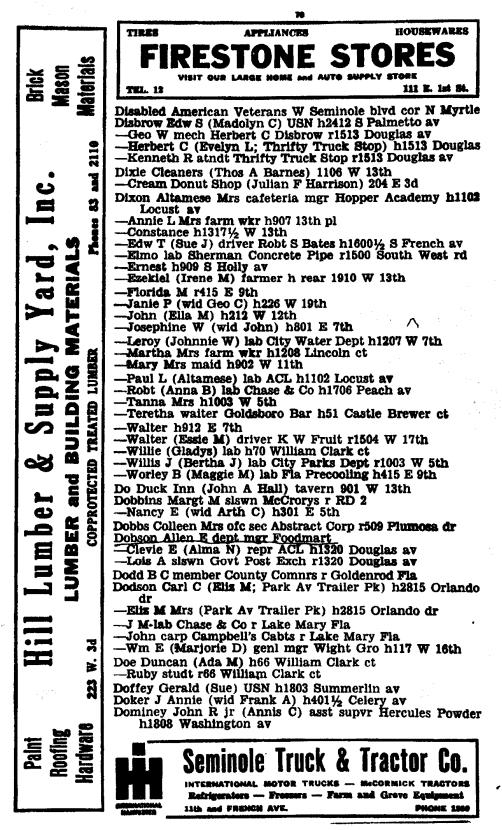
Information below from the Sanford City Directory published 1926 showing Allen Dobson, wife Bessie, and Allen working as a clerk at Roberts Grocery Store and living at 1501 S Mellonville Ave, Sanford, FL



Information below from the Sanford City Directory published 1952 showing Allen Dobson, wife Bessie, and Allen now working as a meat cutter for Sunshine Food Market on Orlando hwy.



Information below from the Sanford City Directory published 1956 showing Allen Dobson, wife Bessie, and Allen now working as Meat Dept manager for Foodmart.



The 1957 and 1960 Sanford Directories also give the same information as above.



Buried in Evergreen Municipal Cemetery, Sanford, FL

## CORNELIA "BESSIE" DOBSON

Cornelia "Bessie" Dobson, 91, Orange Avenue, Sanford, died Sunday, Dec. 5, 1993, at her residence. Born Nov. 29, 1902, in South Carolina, she moved to Central Florida in 1928. She was a homemaker and a member of Victory Baptist Church.

Survivors include sisters, Susie Bell Lindsey, Sanford, Pearl McCormick, Altamonte Springs; several nieces and nephews; several great-nieces and nephews; several great-great nieces and nephews.

Brisson Funeral Home, Sanford, in charge of arrangements.

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Mary Jane Hawkins   4250 Orange Ave., Sanford, Florida 32773     Zda. METHOD OF DISPOSITION   200. PLACE OF DISPOSITION (Name of commetry, commetory, or other place)   200. LOCATION - City or Town. State     X. Burial   Commation   Removal from State   200. PLACE OF DISPOSITION (Name of commetry, commetory, or other place)   200. LOCATION - City or Town. State     X. Burial   Commation   Removal from State   Evergreen Cemetery   Sanford, Florida     Zta. Standard Reveal State   200. PLACE OF DISPOSITION (Name of commetry, commatory, or other place)   200. LOCATION - City or Town. State     Zta. State   Domasion   Other (Specify)   210. LICENSE NUMBER   220. DATE State and place and due to the cause(s) and manner as stated.     XV   Zame and Thiely P   Zame And The No. Certre of Team   220. DATE StateCD (Mo., Day, N)   220. HOUR OF DEATH     XV   Zame And Addoress OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type	Mary Jane Hawkins   4250 Orange Ave., Sanford, Plorida 32773     20a. METHOD OF DISPOSITION   20b. PLACE OF DISPOSITION (Name of commeter), commetory, or other place)   20b. PLACE OF DISPOSITION (Name of commeter), commetory, or other place)   20b. PLACE OF DISPOSITION (Name of commeter), commetory, or other place)   20b. PLACE OF DISPOSITION (Name of commeter), commetory, or other place)   20b. PLACE OF DISPOSITION (Name of commeter), commetory, or other place)   20b. PLACE OF DISPOSITION (Name of commeter), commetory, or other place)   20b. PLACE OF DISPOSITION (Name of commeter), commetory, or other place)   20b. PLACE OF DISPOSITION (Name of commeter), commetory, or other place)   20b. PLACE OF DISPOSITION (Name of commeter), commetory, or other place)   20b. PLACE OF DISPOSITION (Name of commeter), commetory, or other place)   20b. PLACE OF DISPOSITION (Name of commeter), commetory, or other place)   20b. PLACE OF DISPOSITION (Name of commeter), commetory, or other place)   20b. PLACE OF DISPOSITION (Name of commeter), commetory, or other place)     21a. SIGNATURE OF EMETAL SERVICE INCLUSES OR FLOWING OF SUBJECT OR Other SERVICE INCLUSES OF FLOWING OF DISPOSITION (Name of commeter), commetory, or other place)   20b. PLACE OF DISPOSITION (Name of commeter), commetory, or other place)   20c. PLACE OF DISPOSITION (Name of commeter), commetory, or other place)     22a. The base of other thread service Internet of the cause(s) and manner as stated.   22b. DATE SIGNATION (PONTOR Internet of the cause(s) and manner as stated.   22b. DATE SIGNATION (PONTOR Internet of the	Mary Jane Hawkins   4250 Orange Ave., Sanfrid, Plorida 32773     Zoa. METHOD OF DISPOSITION   Zob PLACE OF DISPOSITION (Name of constant, constant), or other face)   Constant (Constant)   Constant)   Constant (Constant)   Const	-	Joseph miero													
20a. METHOD OF DISPOSITION   20b. PLACE OF DISPOSITION (Name of commetty, commetory, or other place)   20b. LOCATION - City or Town, State     X Burial   Commation   Removal from State   Evergreen Cemetery   Sanford, Plorida     21a. SIGNATURE OF EMERAL SERVICE UCENSES OF ACLITY   Provide (Specify)   20b Disposition (Name of commetery, commetory, or other place)   Sanford, Plorida     21a. SIGNATURE OF EMERAL SERVICE UCENSES OF ACLITY   20b Disposition (Locanse)   20b Disposition (Locanse)   20c Disposition (Locanse)   2	20a. METHOD OF DISPOSITION   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other, place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other, place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other, place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other, place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other, place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other, place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other, place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other, place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other, place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other, place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other, place)   20b. PLACE OF DISPOSITION (Name of commutery, crematory, or other, place)   20b. PLACE OF DISPOSITION	20a. METHOD OF DISPOSITION   20b. PLACE OF DISPOSITION (Name of commetry, or anter place)   20b. PLACE OF DISPOSITION (Name of commetry, or anter place)   20b. PLACE OF DISPOSITION (Name of commetry, or anter place)   20c. LOCATION - City or Town, State     21a. SIGNATURE OF EMERAL SERVICE HOENSET OR TOPSON ADDRESS 5 SUOT   20b. PLACE OF DISPOSITION (Name of commetry, or anter place)   20c. LOCATION - City or Town, State     21a. SIGNATURE OF EMERAL SERVICE HOENSET OR TOPSON ADDRESS 5 SUOT   21b. LICEMSE NUMBER (of Loansee)   21b. HOENSE OF FACULTY Brisson Functional Home     22a. With being of the town formation and/or investigation, c my oninon death occurred the time, date and place and due to the cause(s) and manker as stated (blackased) is stated   22a. On the basis of examination and/or investigation, c my oninon death occurred the time, date and place and due to the cause(s) and manker as stated (blackased) and manker as stated     22a. DATE SIGNED (Mo., Day, H)   22c. HOUR OF DEATH   22b. DATE SIGNED (Mo., Day, H)   22c. HOUR OF DEATH     22b. DATE SIGNED (Mo., Day, H)   22c. HOUR OF DEATH   22b. DATE SIGNED (Mo., Day, H)   22c. HOUR OF DEATH     22b. DATE SIGNED (Mo., Day, H)   22c. HOUR OF DEATH   22b. DATE SIGNED (Mo., Day, H)   22c. HOUR OF DEATH     22b. S						A CONTRACT OF A CONTRACT					Constant States and States and				
Constition   Other (Specify)   Evergreen Cemetery   Sanford, Plorida     21a   Signature of Emeterial Science   21b   Licensee)   21b   Licensee)   20b   21b   Licensee)   20c   20c<	Donation   Other (Specify)   Evergreen Cemetery   Sanford, Florida     21a Signature of Emeral Scrutch-Celuser OR Preson worked is Such The Son Active Stated.   21b License Number (of Loonsee)   21b License Number (of Loonsee)   21b License Number (of Loonsee)   21b License Number (of Loonsee)     22a. With Set of of the nonvedge, death accurred at the time, data and place and due to the dataset) is stated.   2035   22a. On the basis of examination and/or investigation, is my solvion death occurr the time, data and place and place and due to the causety) and manner as stated.     32a. 22b. DATE Signature and Time) P   22c HOUR OF DEATH   22c HOUR OF DEATH     235   22b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (7, in or Print)   22c HOUR OF DEATH     235   22d. NAME OF ATTENDING PHYSICIAN, MEDICAL EXAMINER) (hype or Print)   200 MEDICAL EXAMINER CASE NUMBER     235   22d. NAME OF ATTENDING PHYSICIAN, MEDICAL EXAMINER) (hype or Print)   200 MEDICAL EXAMINER CASE NUMBER     235   230 MEDICAL EXAMINER CASE NUMBER   230 MEDICAL EXAMINER CASE NUMBER     231   232 NAME OF ATTENDING PHYSICIAN, MEDICAL EXAMINER) (hype or Print)   200 ACT-323-4172     234   235   230 MEDICAL EXAMINER - SIGNATURE AND DATE   230 MEDICAL EXAMINER (ACT - SIGNATURE AND DATE	Donation   Other (Specify)   Evergreen Cemetery   Sanford, Plorida     21a Signature of Evergreen Cemetery   Sanford, Plorida     22a Stated   2035     22a The ball of the nonvector, death secure of the time, death archives and due to 10 for data sets) is stated.   Sanford, Florida 32771     22a The ball of the nonvector, death secure of the time, death archives and due to 10 for data sets) is stated.   Sanford, Florida 32771     22a Date Signature and Time)   22a Note Signature and Time)   22a Note Signature and Time)     22b Date Signature and Time)   22c NOOD of DEATH     22b Date Signature and Time)   22c NOOD of DEATH     22b Date Signature and Time)   22c NOOD of DEATH     22b Date Signature and Time)   22c NOOD of DEATH     22c Date Signature and Time)   22c NOOD of DEATH     22b Date Signature and Time)   22c NOOD of DEATH     22c Date Signature and Time Physician if OTHER THAIN CERTIFIER (7, and Phint)   22c Date Signature and Time)     22c NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type or Phint)   22c Date Signate and the signature and time and phice an		20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of camalary, crematory, or 20c. LOCATION - City or Town, State											2		
222   IF IT IT IS IN SUMMER CONTROL AND INCOMENSATION IN THE IT IS IN A CONTROL OF DEATH     233   222   IF IT IS IN SUMMER CONTROL AND IN THE IT IS IN A CONTROL OF DEATH     234   DATE SIGNED (MO., Day, W)   222   HOUR OF DEATH     235   DATE SIGNED (MO., Day, W)   222   HOUR OF DEATH     235   DATE SIGNED (MO., Day, W)   224   HOUR OF DEATH     236   DATE SIGNED (MO., Day, W)   224   HOUR OF DEATH     237   230   DATE SIGNED (MO., Day, W)   224   HOUR OF DEATH     236   DATE SIGNED (MO., Day, W)   224   HOUR OF DEATH     237   231   NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (I), HOUR OF DEATH   230     237   Z21   NAME OF ATTENDING PHYSICIAN, MEDICAL EXAMINER) (Ippe or Prix)   231     24   NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Ippe or Prix)   407-323-4172     Robert M. Rosemond, M.D. 1403   Medical Plaza Dr., Suite 104, Sanford, Florida     238   UBREGISTRAR - SIGNATURE AND DATE   236 MEDICAL EXAMINER (INCLUDED)	22a   With the form knowledge dealbaccurred at the time, data and place and due to the data and the time, data and place and due to the data and the time, data and place and due to the data and the time, data and place and due to the data and the time, data and place and due to the data and the time, data and place and due to the data and the time, data and time, data and the time, data and the time, data and the time, da	222 If the left of incomessor death accurrent at the time, date and place and due to the cause(s) and manner as stated. 223 If the left of incomessor death accurrent at the time, date and place and due to the cause(s) and manner as stated. 234 On the basis of examination and/or investigation, it my coincin death occurrent with time, date and place and due to the cause(s) and manner as stated. 235 December 7, 1993 232 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (7, 11 or Print) 244 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (7pp or Print) 244 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (7pp or Print) 245 Subred State of ATTENDING AND DATE 256 December 7, 1993 257 State of ATTENDING PHYSICIAN, MEDICAL EXAMINER) (7pp or Print) 258 Subred State of ATTENDING PHYSICIAN, MEDICAL EXAMINER) (7pp or Print) 259 State of Certifier (PHYSICIAN, MEDICAL EXAMINER) (7pp or Print) 250 DATE SIGNED (40, Day, 7) 250 DATE SIGNED (40, Day, 7) 251 State of Certifier (PHYSICIAN, MEDICAL EXAMINER) (7pp or Print) 252 Subred State of Certifier (PHYSICIAN, MEDICAL EXAMINER) (7pp or Print) 253 Subred State of Certifier (PHYSICIAN, MEDICAL EXAMINER) (7pp or Print) 254 Subred State of Certifier (PHYSICIAN, MEDICAL EXAMINER) (7pp or Print) 255 Subred State of Certifier (PHYSICIAN, MEDICAL EXAMINER) (7pp or Print) 255 Subred State of Certifier (PHYSICIAN, MEDICAL EXAMINER) (7pp or Print) 255 Subred State of Certifier (PHYSICIAN, MEDICAL EXAMINER) (7pp or Print) 255 Subred State of Certifier (PHYSICIAN, MEDICAL EXAMINER) (7pp or Print) 255 Subred State of Certifier (PHYSICIAN, MEDICAL EXAMINER) (7pp or Print) 255 Subred State of Certifier (PHYSICIAN, MEDICAL EXAMINER) (7pp or Print) 255 Subred State of Certifier (PHYSICIAN, MEDICAL EXAMINER) (7pp or Print) 255 Subred State of Certifier (PHYSICIAN, MEDICAL EXAMINER) (7pp or Print) 256 Subred State of Certifier (PHYSICIAN, MEDICAL EXAMINER) (7pp or Print) 257 Subred State of Certifier (PHYSICIAN, State of Certifier (PHYSICIAN) (7p	TION	3						etery			Sanf	ord,	Flori	da	
222   Plandard (F)   2035   SanSord, F)     223   224   Plandard (F)   2035   SanSord, F)     224   224   Plandard (F)   Plandard (F)   Plandard (F)     235   224   P)   Plandard (F)   Plandard (F)     236   On the basis of examination and/or investigation, c my oxinon death occurred (F)   Plandard (F)     237   Signard (F)   Plandard (F)   Plandard (F)     238   On the basis of examination and/or investigation, c my oxinon death occurred (F)   Plandard (F)     239   Signard (F)   Plandard (F)   Plandard (F)     230   DATE SIGNED (Mo. Day, M)   22x HOUR OF DEATH     230   DECEmber 7, 1993   8:05   PM     231   220 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (T), is or Pimp   230   DATE SIGNED (Mo. Day, M)   23x HOUR OF DEATH     231   231   MAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type or Pimp)   230   A07-323-4172     24   NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type or Pimp)   407-323-4172     24   NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type or Pimp)   407-323-4172	22a. With Body Conductors   2035   Sanford, Florida 32771     22a. With Body Conductors   Cast and the inne, data and place and due to the cast of an annew as stated   23a. On the basis of examination and/or investigation, c. my opinion dealth occurring at time time, data and place and due to the cast of an annew as stated     23b. DATE SIGNED (Mo. Day, M.)   22t. HODE OF DEATH   23b. DATE SIGNED (Mo. Day, M.)   22t. HODE OF DEATH     23b. DATE SIGNED (Mo. Day, M.)   22t. HODE OF DEATH   23b. DATE SIGNED (Mo. Day, M.)   22t. HODE OF DEATH     23b. DATE SIGNED (Mo. Day, M.)   22t. HODE OF DEATH   23b. DATE SIGNED (Mo. Day, M.)   22t. HOUR OF DEATH     23b. DATE SIGNED (Mo. Day, M.)   22t. HODE OF DEATH   23b. DATE SIGNED (Mo., Day, M.)   22t. HOUR OF DEATH     24b. DAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (7). HOP OF Prize)   23d. MEDICAL EXAMINER CASE NUMBER   23d. MEDICAL EXAMINER CASE NUMBER     25b. Subre Signed M. Rosemond, M. D. 1403 Medical Plaza Dr., Suite 104, Sanford, Florida   2407-323-4172     25b. SUBREGISTRAR - SIGNATURE AND DATE   25b. SUCAL REGISTRAR - SIGNATURE AND DATE   25b. SUCAL REGISTRAR - SIGNATURE AND DATE	22a. With base of Artenonicog. Casto accurred at the time, data and place and due to the time, data and place and due to the cause() and manner as stated.     22a. With base of Artenonicog. Casto accurred at the time, data and place and due to the cause() and the time, data and place and due to the cause() and manner as stated.     22a. Date Signed (Mo., Day, H)   22x. HOUR OF DEATH     22b. Date Signed (Mo., Day, H)   22x. HOUR OF DEATH     22b. Date Signed (Mo., Day, H)   22x. HOUR OF DEATH     22b. Date Signed (Mo., Day, H)   22x. HOUR OF DEATH     22b. Date Signed (Mo., Day, H)   22x. HOUR OF DEATH     22b. Date Signed (Mo., Day, H)   22x. HOUR OF DEATH     22b. Date Signed (Mo., Day, H)   22x. HOUR OF DEATH     22b. Date Signed (Mo., Day, H)   22x. HOUR OF DEATH     22b. Date Signed (Mo., Day, H)   22x. HOUR OF DEATH     22c. NAME OF ATTENDING PHYSICIAN, MEDICAL EXAMINER (I), HE OF PRINT   22b. Date Signed (Mo., Day, H)     22c. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (I) pro or Print)   22b. Date Signed (Mo., Day, H)     22c. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (I) pro or Print)   200     22c. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (I) pro or Print)   200     22c. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH), MEDICAL EXAMINER (I) pro or Print)   200     22c. NAME A	Sods	218 SIGNATURE OF EURER	2				AND ADDRESS OF FACILITY IN FURCTAL HOME								
Constrained and Titles)   Constrained Titles) <td>Big duame of Titles   Image: Standard Titles   Imag</td> <td>Ability of training of training of the second se</td> <td>-</td> <td>AND</td> <td>est</td> <td>8</td> <td></td> <td>2035</td> <td></td> <td></td> <td colspan="7"></td>	Big duame of Titles   Image: Standard Titles   Imag	Ability of training of training of the second se	-	AND	est	8		2035									
22x HOUR OF DEATH   22x HOUR OF DEATH   22x HOUR OF DEATH     25x Date signed (mo. Day m)   22x HOUR OF DEATH   22x HOUR OF DEATH     25x Date signed (mo. Day m)   22x HOUR OF DEATH   22x HOUR OF DEATH     25x Date signed (mo. Day m)   22x HOUR OF DEATH   22x HOUR OF DEATH     25x Date signed (mo. Day m)   22x HOUR OF DEATH   22x HOUR OF DEATH     25x Date signed (mo. Day m)   22x HOUR OF DEATH   22x HOUR OF DEATH     25x Date signed (mo. Day m)   22x HOUR OF DEATH   22x HOUR OF DEATH     25x Date signed (mo. Day m)   22x HOUR OF DEATH   22x HOUR OF DEATH     25x Date signed (mo. Day m)   22x HOUR OF DEATH   22x HOUR OF DEATH     25x Date signed (mo. Day m)   22x HOUR OF DEATH   22x HOUR OF DEATH     25x Date signed (mo. Day m)   22x HOUR OF DEATH   22x HOUR OF DEATH     25x Date signed (mo. Day m)   22x HOUR OF DEATH   22x HOUR OF DEATH     25x Date signed (mo. Day m)   22x HOUR OF DEATH   22x HOUR OF DEATH     25x NUME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (her of PhysiciaH)   2407-323-4172     Robert M. Rosemond, M.D. 1403 Medical Plaza Dr., Suite 104, Sanford, Florida   250 PATE REGISTER     25x SUBREGISTRAR – SIGNATURE AND DATE   250 PATE REGISTER<	220. DATE SIGNED (Mo., Day, M)   22. HOUR OF DEATH     235. DOCENDER 7, 1993   22. HOUR OF DEATH     24. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (7, HOP PHY)   23. DATE SIGNED (Mo., Day, M)     24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (7, HOP OF PHY)   23. MEDICAL EXAMINER CASE NUMBER     24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (7, HOP OF PHY)   407-323-4172     Robert M. Rosemond, M.D. 1403 Medical Plaza Dr., Suite 104, Sanford, Florida   23. MOR REGISTRAR - SIGNATURE AND DATE     25. SUBREGISTRAR - SIGNATURE AND DATE   25. MOCAL REGISTRAR - SIGNATURE AND DATE	220. DATE SIGNED (MO., Day, M.)   220. HOUR OF DEATH     225. DATE SIGNED (MO., Day, M.)   220. HOUR OF DEATH     225. DATE SIGNED (MO., Day, M.)   220. HOUR OF DEATH     225. DATE SIGNED (MO., Day, M.)   220. HOUR OF DEATH     226. DATE SIGNED (MO., Day, M.)   220. HOUR OF DEATH     227. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (T, D. OF PRIN)   230. DATE SIGNED (MO., Day, M.)     24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type or Print)   230. MEDICAL EXAMINER CASE NUMBER     24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type or Print)   407-323-4172     Robert M. Rosemond, M.D. 1403 Medical Plaza Dr., Suite 104, Sanford, Florida   250. PARTE REGISTERER     25a. SUBREGISTRAR - SIGNATURE AND DATE   25b. LOCAL REGISTRAR - SIGNATURE AND ADTE	i			1 24:	the time, date	and place an	d due to the	23a On	the basis of time, date a	examination and place an	n and/or inve d due to the	estigation, .c.m cause(s) and	ny ordinion d manner as	eath occ stated	berru:
223 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (7, 20 Print) 24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (7,00 or Print) 24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (7,00 or Print) Robert M. Rosemond, M.D. 1403 Medical Plaza Dr., Suite 104, Sanford, Florida 25. SUBREGISTRAR - SIGNATURE AND DATE 25. LOCAL REGISTRAR - SIGNATURE (2, 2) 25. LOCAL REGIST	221. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (1, 1) OF PHY     222. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type or Physician)     24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type or Physician)     24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type or Physician)     24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type or Physician)     24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type or Physician)     24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type or Physician)     24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type or Physician)     24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type or Physician)     24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type or Physician)     24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type or Physician)     24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type or Physician)     24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (Type or Physician)     25. SubBREGISTRAR - SIGNATURE AND DATE     25. SubBREGISTRAR - SIGNATURE AND DATE     25. SubBREGISTRAR - SIGNATURE AND DATE	221. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (7, 200 Phin)   230. MEDICAL EXAMINER CASE NUMBER     234. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (7,00 or Phin)   407-323-4172     234. NAME AND ADDRESS OF CERTIFIER (PHYSICIAH, MEDICAL EXAMINER) (7,00 or Phin)   407-323-4172     Robert M. Rosemond, M.D. 1403 Medical Plaza Dr., Suite 104, Sanford, Florida   230. MEDICAL EXAMINER (7,00 or Phin)     235. SUBREGISTRAR - SIGNATURE AND DATE   230. MEDICAL EXAMINER (7,00 or Phin)     236. SUBREGISTRAR - SIGNATURE AND DATE   230. MEDICAL EXAMINER (7,00 or Phin)	IER			her M	HOOL OF D	MATH SEATH	ino				2)	23c HO	UR OF DEA	°H	
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