

PLACE OF DEATH

TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Reg. Dis. No.

N.O.V.N.

Registered No. 5205

FORM
D
Ward)County *Dallas*City *Klandike* (No. *0-14*)

2 FULL NAME *George A. Chumbley* (a) RESIDENCE No. *0-14* St.
(If nonresident give city or town and State)
Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S., if of foreign birth? ... yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

6 DATE OF BIRTH

December 20 1920
(Month) (Day) (Year)

7 AGE

54 yrs. mos. ds.

If less than 2 years state if breast fed

If less than 1 day

Yes. No. hrs. mins.

8 OCCUPATION

(a) Trade, profession or particular kind of work

Farming

(b) General nature of industry, business or establishment in which employed (or employer).

9 BIRTHPLACE

(State or country)

Kentucky

10 NAME OF FATHER

Alex. Chumbley

11 BIRTHPLACE OF FATHER

(State or country)

Kentucky

12 MAIDEN NAME OF MOTHER

Relda Reinwater

13 BIRTHPLACE OF MOTHER

(State or country)

Kentucky

14 THE ABOVE IS TRUE

(Informant)

Joe Chumbley
(Address) *Klandike*

15

Filed

Mar 8 1921 *Geo. B. Simmons*
Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH

Feb 26 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Feb 12* 1920 to *Feb 26* 1920
that I last saw him alive on *Feb 26* 1920

and that death occurred, on the date stated above, at *9:30 p.m.*
The CAUSE OF DEATH* was as follows:

Pneumonia(duration) ... yrs. mos. *18* ds.

Contributory

(Secondary)

(duration) ... yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Place of death

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What (best confirmed) diagnosis?

Pneumonia

(Signed)

Ch. E. Simmons M. D.

3-4 1920 (Address) *Klandike*
*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for State Statutes.)

19 PLACE OF BURIAL OR REMOVAL

Klandike

DATE OF BURIAL

2/25 1920

20 UNDERTAKER

C. P. Hollant

ADDRESS

Klandike

Where emblem is given as cause of death, this death certificate, every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms that it may be properly classified. Exact statement of OCCUPATION is very important.