

WRITE PLAINLY WITH INK—INSTRUCTIONS ON THE REVERSE SIDE

Where Stillborn is given as cause of Death file birth Certificate. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

TEXAS STATE BOARD OF HEALTH

33675

B.O.Y.S.

County Mason

BUREAU OF VITAL STATISTICS

Reg. Dis. No.

FORM D

City Whiteright

STANDARD CERTIFICATE OF DEATH

Registered No. 27

Ward

FULL NAME Labela Ann Chamberley

RESIDENCE No. St.

(If non-resident 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

MEDICAL PARTICULARS

1 SEX Female 2 COLOR OR RACE White 3 SINGLE, MARRIED, WIDDED OR DIVORCED (write the word) widowed

16 DATE OF DEATH Oct. 16 1927

4 DATE OF BIRTH Dec. 9th 1872

17 I HEREBY CERTIFY, That I attended deceased from

at interment, enclosing year, 1927,

that I last saw h.s. alive on Oct. 13th 1927,

and that death occurred, on the date stated above, at m.

7 AGE 85 yrs. 10 mos. 7 ds. If less than 2 years state if breast fed | If less than 1 day

The CAUSE OF DEATH was as follows:

Yes No hrs. mins.

8 OCCUPATION (a) Trade, profession or particular kind of work: Housewife (b) General nature of industry, business or establishment in which employed (or employer):

Senility.

9 BIRTHPLACE (State or country): Kentucky

Contributory (Secondary)

10 NAME OF FATHER Sant Rainwater

11 BIRTHPLACE OF FATHER (State or country): Sant know

12 MAIDEN NAME OF MOTHER Nancy M^e Laughlin

13 BIRTHPLACE OF MOTHER (State or country): Sant know

14 THE ABOVE IS TRUE

(Signer) Robert Chamberley (Address) Whiteright Tex

(duration) yrs. mos. ds.

18 Where was disease contracted

Was there an autopsy? no

What test confirmed diagnosis? Specimen checked

(Signed) Dr. J. M. M. D.

Oct. 19, 1927, (Address) Whiteright Tex

*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.)

15 Filed 10-19 1927 John M. Miller Registrar

19 PLACE OF BURIAL OR REMOVAL Delaware Cemetery DATE OF BURIAL 10-17-27

20 UNDERTAKER Raykin ADDRESS Whiteright Tex