

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

244-1-2-2-2461-2 TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS 4500 46 20161
STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Wilbarger				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE TEXAS b. COUNTY Williamson			
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Vernon			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Taylor	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vernon Hospital & Clinic				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Mrs. Arizona Belle Caughron		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Feb. 5, 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 1, 1864		9. AGE YEARS 84		MONTHS 4		DAYS 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Summerset, Ky.			
12. FATHER'S NAME Unknown				BIRTHPLACE			
13. MOTHER'S MAIDEN NAME Unknown				BIRTHPLACE			
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO. None		16. INFORMANT'S SIGNATURE Mrs. Roscoe Rainwater			
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis general artery, bilateral				INTERVAL BETWEEN ONSET AND DEATH 1 week	
ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c) -				1+ years	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		-					
18a. DATE OF OPERATION None		18b. MAJOR FINDINGS OF OPERATION					
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20c. CITY, TOWN, OR PRECINCT NO. (COUNTY) (STATE)		20d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. HOW AND INJURY OCCURRED		RECEIVED MAR 26 1949 TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS			
20g. HOW AND INJURY OCCURRED		RECEIVED MAR 12 1949 TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS				AUTUMN 1947 NO <input type="checkbox"/>	
21. I hereby certify that I attended the deceased from 30 Jan , 19 49 , to 5 Feb , 19 49 , that I last saw the deceased alive on 5 Feb , 19 49 , and that death occurred at 2300 pm , from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) Wm. J. Mumford, M.D.				22b. ADDRESS Vernon TX		22c. DATE SIGNED 3-8-49	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Feb. 5, 1949		23c. NAME OF CEMETERY OR CREMATORY Taylor Cemetery			
23d. LOCATION (City, town, or county) (State) Taylor Texas		24. FUNERAL DIRECTOR'S SIGNATURE M. H. Henderson, Vernon TX					
25a. REGISTRAR'S FILE NO.		25b. DATE FILED BY LOCAL REGISTRAR MAR 9 1949		25c. REGISTRAR'S SIGNATURE S. H. Hall - a			