

If NON-RESIDENT, be careful to give the complete residence of the deceased, stating both city, county and state.
 The residence is the usual place of abode.

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 STATE OF TEXAS
 COUNTY OF LUBBOCK
 CITY OR PRECINCT NO. LUB-SAN No. Lubbock, Texas Registrar's No. 478
 10458
 If in an institution, give name of institution instead of Street and No.
 Length of residence in city where death occurred 16 yrs. 0 mos. 0 days. How long in U. S. if foreign born? 0 yrs. 0 mos. 0 days

2 FULL NAME OF DECEASED MRS. ELIZABETH GOODRICH
 RESIDENCE OF THE DECEASED No. _____ Street _____ City LUBBOCK State TEX

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE
 4. COLOR OR RACE WHITE
 5. Single Married
 Widowed Divorced
MAR
 (Write the word)
 6a. If married, widowed, or divorced
 HUSBAND of J. H. GOODRICH
 (or) WIFE of
 6. DATE OF BIRTH (month, day, and year) DEC-6-1877
 7. AGE 59 Years 2 Months 4 Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (City or Town) (State or Country) SPRINGFIELD, TENN.
 13. NAME S. G. STALKNER
 14. BIRTHPLACE (City or Town) (State or Country) S. CAR
 15. MAIDEN NAME BETTIE BANKS
 16. BIRTHPLACE (City or Town) (State or Country) TEXAS
 17. INFORMANT J. H. GOODRICH

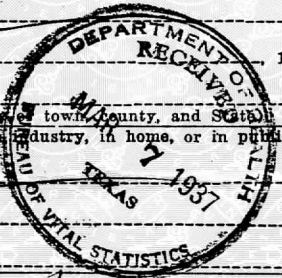
(Address) LUBBOCK TEX.
 18. REMOVAL Place CHICO, TEX Date 7/11 1937
 19. UNDERTAKER W. V. RIX RIX FUNERAL HOME
 (Address) LUBBOCK, TEXAS
 20. SIGNATURE OF REGISTRAR
 FILE Feb 11 37
 DATE 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-10-37 193
 22. I HEREBY CERTIFY, That I attended deceased from 1-18-37 193, to 2-10-37 193.
 I last saw ~~her~~ alive on 2-9-37 193; death is said to have occurred on the date stated above, at 1:25 a.m.
 The principal cause of death and related causes of importance were as follows:
Septicemia, streptococcus hemolyticus
 Date of onset
 Other contributory causes of importance:

Name of operation Blood Transfusions
 What test confirmed diagnosis Lab Was there an autopsy? NO
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide?
 Date of injury
 Where did injury occur? (Specify city, town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify J. H. Goodrich
 (Signed) _____ M. D.
 (Address) 301 Broadway, Lubbock, Texas



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7-31-37-ed