

1. PLACE OF DEATH  
STATE OF TEXAS

STANDARD CERTIFICATE OF DEATH

NO. 689-A

COUNTY OF Garza

CITY OR PRECINCT NO. Post, Texas.

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF DECEASED Palmyra Sybert

LENGTH OF RESIDENCE WHERE DEATH OCCURRED 4 YEARS 4 MONTHS        DAYS. (SOCIAL SECURITY NO. \_\_\_\_\_)

RESIDENCE OF DECEASED | STREET AND NO \_\_\_\_\_ CITY Post COUNTY Garza STATE Texas

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3 SEX Female 4. COLOR OR RACE White

17. DATE OF DEATH December 22, 1947

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) Married

18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct 4, 1947 TO Dec 22, 1947

6. DATE OF BIRTH January 31, 1871

I LAST SAW HIM ALIVE ON Dec 22, 1947

7. AGE 79 YEARS 10 MONTHS 22 DAYS IF LESS THAN 1 DAY \_\_\_\_\_ HOURS \_\_\_\_\_ MIN

THE DEATH OCCURRED ON THE DATE STATED ABOVE AT \_\_\_\_\_ P. M.

THE PRIMARY CAUSE OF DEATH WAS:

8A. TRADE, PROFESSION OR KIND OF WORK DONE Housewife

ARTERIO SCLEROSIS

8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED Retired

ARTERIAL HYPERTENSION 2

9. BIRTHPLACE (STATE OR COUNTRY) Sunset Ky.

CONTRIBUTORY CAUSES WERE

DURATION

10 NAME UNKNOWN

11. BIRTHPLACE (STATE OR COUNTRY) UNKNOWN

12. MAIDEN NAME UNKNOWN

13. BIRTHPLACE (STATE OR COUNTRY) UNKNOWN

IF NOT DUE TO DISEASE, SPECIFY WHETHER:

ACCIDENT, SUICIDE, OR HOMICIDE \_\_\_\_\_

14 SIGNATURE M D Osborn  
ADDRESS Post, TEXAS

DATE OF OCCURRENCE \_\_\_\_\_

PLACE OF OCCURRENCE \_\_\_\_\_

15. PLACE OF BURIAL OR REMOVAL Post, TEXAS  
DATE December 23, 1947

MANNER OR MEANS

IF RELATED TO OCCUPATION OF DECEASED, SPECIFY \_\_\_\_\_

16 SIGNATURE Mason & Co.

SIGNATURE J. DeLorenzo M.D. COR

ADDRESS Post, TEXAS

ADDRESS Post, TEXAS

20 FILE NUMBER

FILE DATE

SIGNATURE OF LOCAL REGISTRAR

POSTOFFICE ADDRESS

Dec. 28, 1947

J. DeLorenzo

Post

TEXAS

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE