

WRITING PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillborn is marked as cause of Death, file birth Certificate. Every item of information should be fully 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.

1 PLACE OF DEATH

County Limestone

City

Prest. #7

TEXAS STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATHReg. Dis. No. 7

B. O. V. S.

Registered No. 27

5309

Ward

2 FULL NAME

J. C. Brown

(a) RESIDENCE. NO.

Waco

Length of residence in city or town where death occurred

yrs. mos. ds.

(If nonresident give city or town and State)

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

(Month)

(Day)

(Year)

1893

7 AGE

If less than 2 years state if breast fed

If less than 1 day

Yes

No

hrs.

mins.

36 yrs. mos. ds.

8 OCCUPATION

(a) Trade, profession or particular kind of work

Oil Rig Builder

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

9 BIRTHPLACE

(State or country)

Texas

10 NAME OF FATHER

Henry Brown

11 BIRTHPLACE OF FATHER

(State or country)

Texas

12 MAIDEN NAME OF MOTHER

Mattie Jones

13 BIRTHPLACE OF MOTHER

(State or country)

Texas

14 THE ABOVE IS TRUE

(Informant)

Tom Brown

(Address)

Beagles Tr

15

Filed

1-22

192

9W J Hogan

Registrar.

## MEDICAL PARTICULARS

16 DATE OF DEATH

Jan 22

(Month)

(Day)

192

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

, 192, to

192

that I last saw h. alive on

192

and that death occurred on the date stated above, at

The CAUSE OF DEATH\* was as follows:

Drowning - Truck turned over in small stream and pushed body down under water.

Contributory

(Secondary)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted

if not at place if death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M. D.

, 192 (Address)

\*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.

19 PLACE OF BURIAL OR REMOVAL

Waco, Tex

DATE OF BURIAL

1-25

192

20 UNDERTAKER

J. C. Dobson

ADDRESS

Coolidge Tr

Form 51b-425-50m.

#1708