

1 PLACE OF DEATH

County

City

2 FULL NAME

TEXAS STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATH

Reg. Dis. No.

Registered No.

St.; 21250

Ward)

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

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

6 DATE OF BIRTH

7 AGE

If less than 2 years state if breast fed

If less than 1 day

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE

(Informant)

(Address)

15

Filed

8/26 21

E. I. Hall

Registrar

#1711

## MEDICAL PARTICULARS

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from

2 Aug 6, 1921, to Aug 12, 1921

that I last saw him alive on Aug 12, 1921

and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH\* was as follows:

Malarial Intercalation  
& Pulmonary degeneration

(duration) yrs. mos. ds.

Contributory

(Secondary)

(duration) yrs. mos. ds.

Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Stiff

Aug 15, 1921 (Address) Sulaco 2

\*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.)

18 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Little River Aug 21, 1921

20 UNDERTAKER

ADDRESS

G. O. Gault Belton

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

When number is given as cause of death, as birth certificate. Every item of information should be carefully checked. AGE should be stated EXACTLY. PARTICULARS should state CAUSE OF DEATH in plain terms, and it may be properly classified. Exact statement of OCCUPATION is very important.