# Texas Death Certificate

**State of Texas**

**Texas Department of Health**

**Bureau of Vital Statistics**

**Standard Certificate of Death**

**File No:** 3-26-37  
**Received:** 10 APR 1937

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**Personal and Statistical Particulars**

- **Sex:** Female
- **Color or Race:** White
- **Marital Status:** Single
- **Occupation:** School Girl

**Residence of the Deceased**

- **City:** Austin
- **State:** Texas

**Medical Certificate of Death**

- **Date of Death:** 3/15/1937
- **Place of Death:** Austin, Texas
- **Cause of Death:** Natural
- **Contributory Causes of Death:**
  - Kidney Disease

**Other Information**

- **Name of Operating Hospital:** Baptist
- **Date of Hospitalization:** 3/15/1937
- **Place of Death:** Austin, Texas
- **Burial:** 3/17/1937

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**Signatures and Certifications**

- ** Registrar:**
- **Certifying Physician:**
- **Witness:**

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**Date:** 1937

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**Additional Notes:**

- "Kidney Disease" was the primary cause of death, with "Natural" as a contributory cause.
- The death occurred in Austin, Texas, and was certified by a physician.
- The burial took place on the same day as the death.

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**Additional Details:**

- The certificate indicates that the death was natural and occurred in Austin, Texas.
- The burial took place on the same day as the death, and was witnessed.

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**Signatures:**

- Registrar
- Certifying Physician
- Witness