

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

When authorized to give a cause of death, the birth certificate. Every item of information should be carefully supplied. Age should be stated in years, months, and days. Particulars should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County

City

FULL NAME

Length of residence in city or town where death occurred

TEXAS STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Reg. Dis. No.

Registered No.

R.O.V.S.

D

St.;

Ward)

(a)

RESIDENCE. No.

St.

(If nonresident give city or town and State)

37143

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX

male

2 COLOR OR RACE

white

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

Baldy

6 DATE OF BIRTH

Sept 2

(Month)

2

(Day)

1920

(Year)

7 AGE

If less than 2 years state if breast fed

yrs.

mos.

ds.

Yes No

If less than 1 day

hrs.

mins.

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)

Concho

10 NAME OF FATHER

Jesse Barnwater

11 BIRTHPLACE OF FATHER

(State or country)

Denton Co

12 MAIDEN NAME OF MOTHER

Elvie E. Tharp

13 BIRTHPLACE OF MOTHER

(State or country)

Burnet Co

14 THE ABOVE IS TRUE

(Informant)

A. B. Cheatham

(Address)

Mullersview

15

Filed

Dec 10 1920

Rosa Dunham

#1724

Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH

Dec

(Month)

4

(Day)

1920

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

Dec 2, 1920, to Dec 4, 1920

that I last saw him alive on 4th, 1920

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos. ds.

Contributory (Secondary)

Pertussis

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death? yes

Did an operation precede death? no Date

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) A. B. Cheatham M. D.

Dec 8, 1920 (Address) Mullersview

*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.)

19 PLACE OF BURIAL OR REMOVAL

Mullersview

DATE OF BURIAL

Dec 4

1920

20 UNDERTAKER

C. E. Norman

ADDRESS

Pamlico