

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE, WHERE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillborn is given as cause of Death, file birth certificate. Every item of information should be carefully 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.

RELACE OF DEATH

County Jones

City Arman

2 FULL NAME Sarah Sarah Raimwater

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.

DUPLICATE CERTIFICATE
filed for purposes of correction

RESIDENCE No. 24623

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

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

Widowed

6 DATE OF BIRTH

May

8

1899

7 AGE

70

3

22

If less than 2 years state if breast fed

If less than 1 day

Yes No

hrs. mins.

8 OCCUPATION

(a) Trade, profession or particular kind of work

Farmer, Wife

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

9 BIRTHPLACE (State or country)

Ark

10 NAME OF FATHER

J. M. Piper

11 BIRTHPLACE OF FATHER (State or country)

Don't know

12 MAIDEN NAME OF MOTHER

Lyless

13 BIRTHPLACE OF MOTHER (State or country)

Don't know

14 THE ABOVE IS TRUE

(Informant)

N. W. Raimwater

(Address)

Arman, P. 1

15

Filed 11/18

1919

G. M. Francis

Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH

Aug

30

1919

17 I HEREBY CERTIFY, That I attended deceased from

19

to

19

that I last saw him alive on

19

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

(duration) yrs. mos. ds.

Contributory (Secondary)

(duration) yrs. mos. ds.

18 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) M. D.

19 (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. (See reverse side for State Statutes.)

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Gravel View

Aug 30

1919

20 UNDERTAKER

ADDRESS

Geo. D. Fisher

Arman Tex