

1. PLACE OF DEATH
STATE OF TEXAS

COUNTY OF

CITY OR
PRECINCT NO.

TEXAS STATE DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Registrar's No.

43334

Length of residence in city where death occurred yrs. mos. days? How long in U. S. if foreign born? yrs. mos. days

2. FULL NAME

OF DECEASED

Residence: No.

Street

If non-residence give city, or town and state.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE (write the word)

MARRIED

WIDOWED

DIVORCED

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH
(month, day, and year)

7. AGE

Years

Months

Days

If LESS than

1 day, ---- hrs.

or ---- min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years) spent
in this
occupation

2. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILE DATE AND SIGNATURE OF REGISTRAR

SEP 22 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
(month, day, and year)

22.

I HEREBY CERTIFY, That I attended deceased from

9-1

1933 to 9-20 1933

1933

I last saw her alive on 9-19 1933 death is said to

have occurred on the date stated above, at 7:30 P. M.

The principal cause of death and related causes of importance

were as follows:

Malignancy Liver

Ascites

Date of
onset

Other contributory causes of importance:

Secularity

Name of operation

date of

What test confirmed diagnosis?

X-ray

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)