## Texas State Department of Health
### Bureau of Vital Statistics
#### Standard Certificate of Death

**Place of Death:**
- **State of Texas:**
- **City or Precinct No.:**
- **County of:**
- **State:**

**Dates:**
- **Length of residence in city where death occurred:**
- **How long in U.S. if foreign born:**

**Full Name of Deceased:**
- **Gender:**
- **Color or Race:**
- **Married/Single/Divorced/Widowed:**

**Date of Death:**
- **Month:**
- **Day:**
- **Year:**

**Date of Birth:**
- **Month:**
- **Day:**
- **Year:**

**Age:**
- **Years:**
- **Months:**
- **Days:**

**Sex:**
- **Color or Race:**
- **Married/Single/Divorced/Widowed:**

**Occupation:**
- **Trade, profession, or particular kind of work done:**
- **None:**

**Birthplace:**
- **City or town:**
- **State or country:**

**Father's Name:**
- **If married/widowed/divorced:**
- **Husband/Wife of:**

**Maiden Name:**
- **State or country:**

**Birthplace of Father:**
- **City or town:**
- **State or country:**

**Birthplace of Mother:**
- **City or town:**
- **State or country:**

**Informant:**
- **Address:**
- **City, State:**

**Burial, Cremation, or Exhumation:**
- **City:**
- **Date:**

**Undertaker:**
- **Name:**
- **Address:**

**File Date and Signature of Registrar:**
- **Date:**
- **Signature:**