

Where Stillborn is given as cause of death, file with 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.

1 PLACE OF DEATH

County

City

TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Reg. No.

Registered No.

S. O. V. S.

D

2 FULL NAME

RESIDENCE. NO.

Length of residence in city or town where death occurred

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3 SEX

4 COLOR OR RACE

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

16 DATE OF DEATH

6 DATE OF BIRTH

7 AGE

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

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

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(State or country)

14 THE ABOVE IS TRUE

(Informant)

(Address)

17 I HEREBY CERTIFY, that I attended deceased from

and that death occurred on the date stated above, at

The CAUSE OF DEATH* was as follows:

Contributory

(Secondary)

(duration)

hrs.

mins.

secs.

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)

*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.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Filed

Registrar.