

1. PLACE OF DEATH
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

10992-

COUNTY OF *San Antonio*
CITY OR PRECINCT NO. *Mathis*

STANDARD CERTIFICATE OF DEATH

REGISTRAR'S NO. *5*
Mathis Hospital

IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.
LENGTH OF RESIDENCE IN CITY WHERE DEATH OCCURRED YEARS MONTHS DAYS HOW LONG IN U. S. IF FOREIGN BORN YEARS MONTHS DAYS

2. FULL NAME OF DECEASED *Mr. Sam Ramewater*

RESIDENCE OF THE DECEASED NO. STREET CITY *Aransas Pass, Texas*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE MARRIED WIDOWED DIVORCED (WRITE THE WORD) *MARRIED*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *No Record*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1 1*

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY. HRS. MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. *R.R. FIREMAN RETIRED*

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. *IP 711110170*

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

13. NAME *Not known*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

15. MAIDEN NAME *Not known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

17. INFORMANT *None*

(ADDRESS) *None*

18. BURIAL REMOVAL PLACE *Aransas Pass, DATE Feb 4, 1940*

19. UNDERTAKER *W. A. Gump*

(ADDRESS) *Aransas Pass, Tex*

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR *John 29 1940*

(FILE DATE) (SIGNATURE)

MEDICAL PARTICULARS

21. DATE OF DEATH MONTH, DAY, AND YEAR *February 2 1940*

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED ON *1/31 1940* TO *2/2 1940*

I LAST SAW HIM ALIVE ON *2/2 1940*

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: *Apoplexy*

DATE OF ONSET

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY?

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

ACCIDENT, SUICIDE, OR HOMICIDE

DATE OF INJURY *193*

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) *W. A. Gump* M. D.

(ADDRESS) *Mathis, Texas*



#1781

IF NON-RESIDENT, BE CAREFUL TO GIVE THE COMPLETE RESIDENCE OF THE DECEASED, STATING BOTH CITY, COUNTY AND STATE. THE RESIDENCE IS THE USUAL PLACE OF ABODE.