

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.

25-02
48598

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
state name of
(or) WIFE of

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

7. AGE

24 Years

5 Months

25 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)

FATHER
MOTHER

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

19. UNDER

(Address)

20. FILE DATE AND SIGNATURE OF REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

22.

I HEREBY CERTIFY, That I attended deceased from

Oct. 26, 1932 to Nov. 13, 1932

I last saw her alive on Nov. 13, 1932, death is said to

have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance

were as follows:

Malignant abdominal tumor

Date of
onset

Other contributory causes of importance:

Residual metastatic disease

Name of operation

Date of

What test confirmed diagnosis? clinical 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

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in industry, in household, 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)

(Address)