	T	DTMPNT OF UPATTU
	TEXAS STATE DEPARTMENT OF HEALTH STATE OF TEXAS COUNTY OF STANDARD CERTIFICATE OF DEATH STANDARD CERTIFICATE OF DEATH	
	CITY OR 1/4 Levy Olins	
	PRECINCT NO. No. No. If in an Institution, give name of in	nstitution instead of Street and No.
	Length of residence in city where death occurredyre	days? How long in U. S. if foreign born? yrs
	FULL NAME IMS Tillie Rainwa	*
	OF DECEASED / 12 Y ULL / Caused	w
	Residence No. 1977	If non-residence give city, or town and state.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	A. COLOR ON RACE S. SINGLE (write the word)	21. DATE OF DEATH // O/ - /3
	Temple White Woodersky	22. I HEREBY CERTIFY, That I attended deceased from
	Sa. If married, widowed, or divorced	not 2/ 12 12 12
	HITELERY OF A CONTRACT OF THE	INC. OF THE STATE
	CON WIFE OF RIETH ON A CONTROL OF THE CONTROL OF RIETH OF RIETH OF RIETH OF RIETH OF THE CONTROL	I last new harde alive on last y 1962 Tdenth is said to
August Salar, one	(month, day, and year)	bave occurred on the date stated above, at 7
	7. AGE 1 If LESS than 1 day,hrs.	The principal cause of death and related causes of importance were as follows:
	Years Months Days or min.	- No. O. Second
2	- 1 & Trade, protession, or particular 7/	margnest arrive lune
W W	enwyer, bookkeeper, cic.	
A F	work was done, as allk unill,	Other contributory causes of importance:
10	kind of work dose, as spinner Agriculty anywer, bookkesper, etc. 9. Industry or business in which work was dose, as allk mill, as we mill, benk, etc. 10. Date deceased last worked at this occupation (month and in phis occupation (month and in phis occupation).	R dil 2 - + 9 1 - +
3 #	this occupation (month and in this occupation (month and occupation occupatio	
# 8.		Name of operation date of
1.7	2. BIRTHPLACE (city or town) felice (My as	
	en allo	What test confirmed diagnosis? Was there an autopay!
7	# 13. NAME // Allota Johnson	23. If death was due to external causes (violence) fill in also the following:
- 19	14. BIRTHPLACE (city or town)	
4. ()	(State or country)	Accident, suicide, or homicide?
$\sim \sim$	5 m A 1 -	Date of injury 19.
•	15. MAIDEN NAME COTTON - CUSTON	Where did injury occur?
5	E 16 BIRTHPLACE (city or town) 7/	(Specify city or town, capiel seate)
1°° X	is BIRTHPLACE (city or town)	Specify whether injury occurred in industry, in homes of the place.
	17. INFORMANTA A. O. Lang	DEC SE
	7 Un solu	Manner of injury 12
	(Address)	Manner of injury 1900
	18. BURTAL CREMATION OF REMOVAL 2014 32	Nature of injury
	molecurer Streeten Lot 14 ,32	24. Was disease or injury in any way related to occupation of deceased? Mcd
	19. UNDER BURKS - WALKER UNDERTAKING CO.	· · · · · · · · · · · · · · · · · · ·
	19. UNDER DALING - BIALING ON TOWN	If so, specify
	TYLER, TEXAS	- C 3
	20. FILE DATE AND SIGNATURE OF REGISTRAR	(Signed) W. II
	While 200 Mountanilis	2/2
	Joseph Marie	(Address) S1483-331-190