

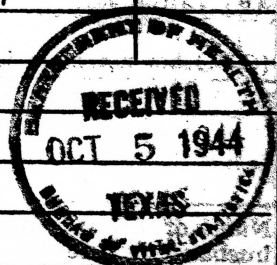
1. PLACE OF DEATH		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		41485
STATE OF TEXAS				
COUNTY OF <u>Brazoria</u>				
CITY OR PRECINCT NO. <u>4 Brazoria St.</u>		<u>4 mi South of West Columbia</u>		
2. FULL NAME OF DECEASED <u>Mrs. Victoria Beatrice Ransauer</u>		GIVE STREET AND NUMBER OR NAME OF INSTITUTION		
LENGTH OF RESIDENCE WHERE DEATH OCCURRED <u>6 YEARS</u> MONTHS <u>      </u> DAYS <u>      </u> (SOCIAL SECURITY NO. <u>      </u> )				
RESIDENCE OF THE DECEASED   STREET <u>Brazoria</u>   CITY <u>Brazoria</u>   COUNTY <u>Brazoria</u>   STATE <u>Texas</u>				
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>			
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>Widow</u>				
6. DATE OF BIRTH <u>June 19 - 1864</u>				
7. AGE YEARS <u>80</u>	MONTHS <u>2</u>	DAYS <u>      </u>	IF LESS THAN 1 DAY HOURS <u>      </u> MIN <u>      </u>	
8A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Housewife</u>				
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED				
9. BIRTHPLACE (STATE OR COUNTRY) <u>Bridgeton, Mich</u>				
10. NAME <u>Elias Markle</u>				
11. BIRTHPLACE (STATE OR COUNTRY) <u>Mich</u>				
12. MAIDEN NAME <u>Jane Sawyer</u>				
13. BIRTHPLACE (STATE OR COUNTRY) <u>Mich</u>				
14. SIGNATURE <u>Mrs. J. A. Cornett</u>				
ADDRESS <u>Brazoria, Texas</u>				
15. PLACE OF BURIAL OR REMOVAL <u>Brazoria -</u> TEXAS				
DATE <u>Sept 4,</u> 1944				
16. SIGNATURE <u>Brazoria Funeral Home, H. K. Rogers</u>				
ADDRESS <u>Freeport, Texas</u>				
20. FILE NUMBER <u>11</u>		FILE DATE <u>Sept 4, 1944</u>	SIGNATURE OF LOCAL REGISTRAR <u>G. S. Montgomery R. P.</u>	
		POSTOFFICE ADDRESS <u>Brazoria, Texas</u>		

MEDICAL PARTICULARS	
17. DATE OF DEATH <u>September 3, 1944</u>	
18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Sept 1</u> 1944 TO <u>Sept 3</u> 1944	
I LAST SAW HIM/LIVE ON <u>Sept 13</u> 1944	
THE DEATH OCCURRED ON THE DATE STATED ABOVE AT <u>1:30 a.m.</u>	
THE PRIMARY CAUSE OF DEATH WAS: <u>Cerebral Hemorrhage</u>	
DURATION <u>1700</u>	

CONTRIBUTORY CAUSES WERE	
<u>Scrubby</u>	

IF NOT DUE TO DISEASE, SPECIFY WHETHER:	
ACCIDENT, SUICIDE, OR HOMICIDE	
DATE OF OCCURRENCE	
PLACE OF OCCURRENCE	

MANNER OR MEANS	
IF RELATED TO OCCUPATION OF DECEASED, SPECIFY	
SIGNATURE <u>W. S. Montgomery</u>	
ADDRESS <u>West Columbia, Texas</u>	



NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

#1801