

1. PLACE OF DEATH
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

14899

COUNTY OF Baylor

CITY OR
PRECINCT NO. Seymour, Texas

Baylor County Hospital
GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME
OF DECEASED Mrs Nannie Edith Radwater

LENGTH OF RESIDENCE
WHERE DEATH OCCURRED YEARS MONTHS 21 DAYS (SOCIAL SECURITY NO. _____)

RESIDENCE OF STREET Bonham CITY Bay COUNTY Texas STATE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white

5. SINGLE, MARRIED, WID.
OWED OR DIVORCED Married
(WRITE THE WORD)

6. DATE OF
BIRTH Sept. 30, 1868

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY
77 5 0 HOURS MIN

8A. TRADE, PRO-
FESSION OR KIND
OF WORK DONE House wife

8B. INDUSTRY OR
BUSINESS IN
WHICH ENGAGED Own Home

9. BIRTHPLACE
(STATE OR
COUNTRY) Kentucky

10. NAME Mr George Smith

11. BIRTHPLACE
(STATE OR
COUNTRY) Kentucky

12. MAIDEN
NAME Edith Cooksey

13. BIRTHPLACE
(STATE OR
COUNTRY) Kentucky

14. SIGNATURE Mrs Collie Thornton

ADDRESS Harrell St TEXAS

15. PLACE OF
BURIAL OR
REMOVAL Seymour TEXAS

DATE 4 - 30 1947

16. SIGNATURE Wesley Harrison

ADDRESS Seymour TEXAS

20. FILE NUMBER FILE DATE

4 - 30 1947

SIGNATURE OF LOCAL REGISTRAR

C. E. Fancher

MEDICAL PARTICULARS

17. DATE OF
DEATH April 30 1947

18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM
Nov. 1946 TO Apr 30 1947

I LAST SAW HER ALIVE ON Apr 29 1947

THE DEATH OCCURRED ON THE DATE STATED ABOVE AT 7 a. M.

THE PRIMARY CAUSE OF DEATH WAS:

carcinoma of lungs, metastatic

CONTRIBUTORY
CAUSES WERE

IF NOT DUE TO DISEASE, SPECIFY WHETHER:

ACCIDENT, SUICIDE, OR HOMICIDE

DATE OF OCCURRENCE

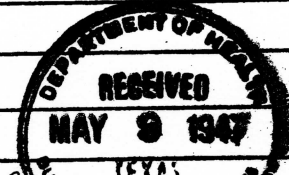
PLACE OF OCCURRENCE

MANNER OR MEANS

IF RELATED TO OCCU-
PATION OF DECEASED,
SPECIFY

SIGNATURE Lyman A. Barber

ADDRESS Seymour TEXAS



M.D.
CON.

POSTOFFICE ADDRESS

Seymour TEXAS

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

#1841