TEPLACE OF DEATH TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH STATE OF TEXAS 16658 COUNTY OF ON LINE CITY OR P PRECINCT NO. GIVE STREET AND NUMBER OR NAME OF INSTITUTION OF DECEASED LENGTH OF RESIDENCE WHERE DEATH OCCURRED A DAYS. (SOCIAL SECURITY NO YEARS RESIDENCE OF STREET CITY. COUNTY PERSONAL AND STATISTICAL PARTICULARS MEDICAL PARTICULARS 3. SEX 4. COLOR 17. DATE OF DEATH 194 5, SINGLE MARRIED WID-OWED OR DIVORCED (WATETHE WORD) 18. I HEREBY CERTIFY THAT TENDED THE DECEASED FROM 6 DATE OF 1898 THE DEATH OCCURRED ON THE DATE STATED ABOVE AT. YEARS IF LESS THAN I DAY THE PRIMARY CAUSE OF DEATH WAS: HOURS DURATION BANTRADE PROPESSION OR KIND OF WORK DONE TE B SB. INDUSTRY OR deline BUSINESS IN WHICH ENGAGED ۸. 9 BIRTHPLACE COUNTRY) TAL CENTRIBUTORY CAUSES WERE A TO NAME 11. BIRTHPLACE COUNTRY! IS MAIDEN ENTO 19 SISTEPLACE STATE OF COUNTRY DUE TO DISEASE, SPECIFY WH ACCIDENT. SUICIDE, OR HOMIC 14 SIGNATURE DATE OF OCCURRENCE ADDRESS TEXAS PLACE OF OCCURRENCE 18 PLACE OF BURIAL ON REMOVAL TEXAS MANNER OR MEANS IF RELATED TO OCCU-PATION OF DECEASED SPECIFY 16 SIGNATUR SIGNATURE M.D ADDRESS ADDRESS TEXAS FILE NUMBER FILE DATE SIGNATURE OF LOCAL REGISTRAR POSTOFFICE ADDRESS TEXA #2083