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

PLACE OF DEATH
STATE OF TEXAS
COUNTY OF Grayson
CITY OR PRECINCT NO. Sherman, Texas

If in an institution, give name of institution instead of street and no.

Length of residence in city where death occurred... yrs... mos... days. How long in U.S. If foreign born... yrs... mos... days.

FULL NAME OF DECEASED... John Perry Chumbley

RESIDENCE OF THE DECEASED

PERSONAL AND STATISTICAL PARTICULARS

SEX Male
COLOR OR RACE White
5. Single Married Divorced
(Write the word) Widowed

DATE OF BIRTH January 10, 1860

AGE 75 Years 8 Months 2 Days

OCCUPATION Retired farmer

DATE DECEASED (month, day, and year) September 12th, 1935

DATE OF BIRTH (month, day, and year) January 10, 1860

BIRTHPLACE Sommerfelt, Pulaski Co. Ky.

NAME Alex Chumbley

FATHER

MAIDEN NAME

MOTHER

SOMETHING

17. SUGGESTION OF DECEDENT

18. PLACE OF BURIAL

19. UNDERTAKER

20. SIGNATURE OF REGISTRAR

FILE DATE 9/1/29 5/19

Whitewright, State. Texas

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (month, day, and year) September 12th, 1935

I HEREBY CERTIFY, That I attended deceased from August 27th, 1929 to September 11, 1935

I last saw him alive on September 11th, 1935. I do declare that death is caused by...

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus

Other contributory causes of importance

Name of operation...

What test confirmed diagnosis? (Clinical) Was there an autopsy?

11. Total time worked in this occupation...

Date of onset...

Whitewright, Texas

Whitewright, Texas

Whitewright, Texas

DATE OF BURIAL...

DATE OF UNDERTAKING...

Signature of Registrar...

Address...

Address...

Address...

10/10/35

#2367