

091-20-1-35-00

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

4021

105

STATE OF TEXAS

## CERTIFICATE OF DEATH

STATE FILE NO.

38241

1. PLACE OF DEATH a. COUNTY <b>Grayson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Oklahoma</b> b. COUNTY <b>Bryan</b>	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) <b>OR TOWN Sherman</b>		c. CITY (If outside corporate limits, write RURAL and give precinct no.) <b>OR TOWN Bennington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>919 Brocklett St.</b>		d. STREET ADDRESS (If rural, give location) <b>2 no. 2 West 2 mi. So.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b> b. (Middle) <b>Ann</b> c. (Last) <b>Dobbs</b>		4. DATE OF DEATH <b>August 10-1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Mar. 27, 1878</b>
9. AGE YEARS <b>72</b> MONTHS <b>4</b> DAYS <b>10</b>		10. UNDER 24 HRS. Hours <b>10</b> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>	
11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>		12. MOTHER'S MAIDEN NAME <b>Relda Rainwater</b> BIRTHPLACE <b>Kentucky</b>	
13. FATHER'S NAME <b>Alex Chumbley</b> BIRTHPLACE <b>Kentucky</b>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	
15. SOCIAL SECURITY NO. <b>no</b>		16. INFORMANT'S SIGNATURE <b>Joe Dobbs - Bennington, Okla. Rt. 1</b>	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, aneurism, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis Ch</b> ANTECEDENT CAUSES <b>Atherosclerosis</b> DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in car about home, farm, factory, street, office bldg., etc.)	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour)		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21. I hereby certify that I attended the deceased from <b>June 1, 1950</b> , to <b>Aug 10, 1950</b> , and that death occurred at <b>8:30 A.M.</b> , from the causes and on the date stated above.		20f. HOW DID INJURY OCCUR?	
22a. SIGNATURE <b>Chas. Strother</b>		22b. ADDRESS <b>Bennington, Okla.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Aug. 10-1950</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Old Church Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Bennington, Bryan - Okla.</b>	
24. REGISTRAR'S FILE NO. <b>116</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Ben M. Munn</b>	
25a. REGISTRAR'S SIGNATURE <b>116</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>Aug 27 1950</b>	
25c. REGISTRAR'S SIGNATURE <b>116</b>		25d. REGISTRAR'S SIGNATURE <b>116</b>	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

#2370