

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

DR. DOAK

23533

1. PLACE OF DEATH
STATE OF TEXAS
COUNTY OF WILLIAMSON
CITY OR
PRECINCT NO. TAYLOR, TEXAS

2. FULL NAME
OF DECEASED T. W. GAUGHRON

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

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

RESIDENCE OF DECEASED | STREET 609 TALBOT CITY TAYLOR COUNTY WILLIAMSON STATE TEXAS
AND NO. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE

17. DATE OF DEATH MAY 14, 1947

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

18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM
May 14 1947, TO May 14 1947

6. DATE OF BIRTH
JUNE 12, 1859

I LAST SAW H. ALVIN DENBOWER 1944
THE DEATH OCCURRED ON THE DATE STATED ABOVE AT 6:00 A. M.

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY
87 11 2 _____ HOURS _____ MIN

THE PRIMARY CAUSE OF THE DEATH WAS:

8A. TRADE, PRO-
FESSION OR KIND
OF WORK DONE
8B. INDUSTRY OR
BUSINESS IN
WHICH ENGAGED
RETIRED

Cardiac Insufficiency

9. BIRTHPLACE
(STATE OR
COUNTRY) KENTUCKY

CONTRIBUTOR
CAUSES WERE
bed while asleep
in bed in his home
found dead

10. NAME
BLATOHLEY GAUGHRON

11. BIRTHPLACE
(STATE OR
COUNTRY) KENTUCKY

12. MAIDEN
NAME ELIZABETH OSETT

13. BIRTHPLACE
(STATE OR
COUNTRY) KENTUCKY

14. SIGNATURE
Dr. Fred C. Heap
ADDRESS
TAYLOR, TEXAS

IF NOT DUE TO DISEASE, SPECIFY WHETHER:

ACCIDENT, SUICIDE, OR HOMICIDE

DATE OF OCCURRENCE

PLACE OF OCCURRENCE

15. PLACE OF
BURIAL OR
REMOVAL
DATE
CITY CEM., TAYLOR, TEXAS
MAY 15, 1947

MANNER OR MEANS
IF RELATED TO OCCU-
PATION OF DECEASED,
SPECIFY

16 SIGNATURE
Ray E. Conner #2212
ADDRESS
TAYLOR, TEXAS

SIGNATURE
Edmond Doak
ADDRESS
TAYLOR, TEXAS



20 FILE NUMBER _____ FILE DATE May 16 1947 SIGNATURE OF LOCAL REGISTRAR Edmond Doak POSTOFFICE ADDRESS Taylor, TEXAS

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE