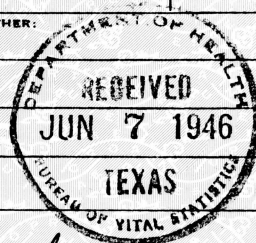


NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		23059	
STATE OF TEXAS					
COUNTY OF <u>HOCKLEY</u>					
CITY OR PRECINCT NO. <u>LEVELLAND</u>					
2. FULL NAME OF DECEASED <u>JOHN OZ ATCHISON</u>		GIVE STREET AND NUMBER OR NAME OF INSTITUTION			
LENGTH OF RESIDENCE WHERE DEATH OCCURRED <u>25</u> YEARS <u> </u> MONTHS <u> </u> DAYS (SOCIAL SECURITY NO. <u> </u>)					
RESIDENCE OF THE DECEASED STREET <u>Box 155</u>		CITY <u>LEVELLAND</u>		COUNTY <u>HOCKLEY</u> STATE <u>TEXAS</u>	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS		
3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	17. DATE OF DEATH <u>May 9</u> , 194 <u>6</u>			
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>WIDOWED</u>	18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>April 1</u> , 194 <u>6</u> , TO <u>May 9</u> , 194 <u>6</u>				
6. DATE OF BIRTH <u>AUGUST 16, 1860</u>	I LAST SAW <u>her</u> ALIVE ON <u>May 9</u> , 194 <u>6</u>				
7. AGE YEARS <u>85</u> MONTHS <u>8</u> DAYS <u>26</u> IF LESS THAN 1 DAY HOURS <u> </u> MIN <u> </u>	THE DEATH OCCURRED ON THE DATE STATED ABOVE AT <u>10</u> P. M.				
8A. TRADE, PROFESSION OR KIND OF WORK DONE <u>HOUSEWIFE</u>	THE PRIMARY CAUSE OF DEATH WAS:				DURATION
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED <u>HOME</u>	<u>Senility</u>				<u>1 yr</u>
9. BIRTHPLACE (STATE OR COUNTRY) <u>Missouri</u>	CONTRIBUTORY CAUSES WERE				
10. NAME <u>JOHN GOODRICH</u>	<u>Fracture hip</u>				<u>1 yr</u>
11. BIRTHPLACE (STATE OR COUNTRY) <u>U.S.</u>					
12. MAIDEN NAME <u>SARRAH BOUNDTREE</u>	IF NOT DUE TO DISEASE, SPECIFY WHETHER:				
13. BIRTHPLACE (STATE OR COUNTRY) <u>U.S.</u>	ACCIDENT, SUICIDE, OR HOMICIDE				
14. SIGNATURE <u>J. E. Atchison</u>	DATE OF OCCURRENCE				
ADDRESS <u>LEVELLAND</u> , TEXAS	PLACE OF OCCURRENCE				
15. PLACE OF BURIAL OR REMOVAL <u>LEVELLAND</u> , TEXAS	MANNER OR MEANS				
DATE <u>MAY 10, 1946</u> , 194	IF RELATED TO OCCUPATION OF DECEASED, SPECIFY				
16. SIGNATURE <u>PLAINS FUNERAL HOME</u>	SIGNATURE <u>C. M. Phillips</u> M.D.				
ADDRESS <u>LEVELLAND</u> , TEXAS	ADDRESS <u>Levelland</u> , TEXAS				
20. FILE NUMBER <u>489</u>	FILE DATE <u>5-10</u> , 194 <u>6</u>	SIGNATURE OF LOCAL REGISTRAR <u>A. J. O'Neil</u>		POSTOFFICE ADDRESS <u>Levelland</u> , TEXAS	



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