

1. PLACE OF DEATH
STATE OF TEXAS

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

57248 93
REGISTRAR'S NO.

COUNTY OF Stephens

PRECINCT NO. _____

NO. _____ STREET _____

IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.

LENGTH OF RESIDENCE IN CITY WHERE DEATH OCCURRED 10 YEARS 7 MONTHS 25 DAYS. HOW LONG IN U. S. IF FOREIGN BORN? _____ YEARS _____ MONTHS _____ DAYS

2. FULL NAME OF DECEASED Andrew Jackson Bednar

RESIDENCE OF THE DECEASED NO. 900 STREET East CITY Graham STATE Texas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE MARRIED
WIDOWED DIVORCED (WRITE THE WORD) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) Wife Mrs. Fay Bednar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9th 1909

7. AGE 28 YEARS 3 MONTHS 17 DAYS OR IF LESS THAN 1 DAY, _____ HRS. _____ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Oil field worker

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BAKERY, ETC. _____

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 11/26/1937 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 6 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norman, Ok.

13. NAME Andrew Bednar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ok.

15. MAIDEN NAME Dr. Zent Knau

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT A. G. Bednar

(ADDRESS) Graham Texas

18. BURIAL REMOVAL PLACE Norman, Ok. DATE _____ 193__

19. UNDERTAKER W. Russell of Missouri General Home

(ADDRESS) Graham Texas

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR
11/30/1937 (FILE DATE) J. W. Cullman (SIGNATURE)

MEDICAL PARTICULARS

21. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 26th 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____ 193__ TO _____ 193__

I LAST SAW HIM ALIVE ON _____ 193__; DEATH IS SAID

TO HAVE OCCURRED ON THE DATE STATED ABOVE. AT _____ M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Found Dead in

chess

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION _____

WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: _____

ACCIDENT, SUICIDE, OR HOMICIDE _____

DATE OF INJURY _____ 193__

WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY, AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, HOME, OR IN PUBLIC PLACE.

on Public Highway

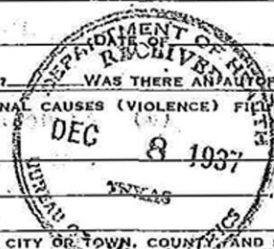
MANNER OF INJURY Overturned Car

NATURE OF INJURY Crushed Chest

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____

IF SO, SPECIFY (SIGNED) L. W. Orin M. D.

(ADDRESS) Graham Tex



IF NON-RESIDENT, BE CAREFUL TO GIVE THE COMPLETE RESIDENCE OF THE DECEASED, STATING BOTH CITY, COUNTY AND STATE. THE RESIDENCE IS THE USUAL PLACE OF ABODE.