

## 1. PLACE OF DEATH

STATE OF TEXAS

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

52024

COUNTY OF

CITY OR  
PRECINCT NO.2. FULL NAME  
OF DECEASEDLENGTH OF RESIDENCE  
WHERE DEATH OCCURREDRESIDENCE OF  
THE DECEASEDSTREET  
AND NO.

CITY

COUNTY

STATE

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

5. SINGLE, MARRIED, WID-  
OWED OR DIVORCED  
(WRITE THE WORD)6. DATE OF  
BIRTH

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN 1 DAY

HOURS

MIN

8A. TRADE, PRO-  
FESSION OR KIND  
OF WORK DONE8B. INDUSTRY OR  
BUSINESS IN  
WHICH ENGAGED9. BIRTHPLACE  
(STATE OR  
COUNTRY)

10. NAME

11. BIRTHPLACE  
(STATE OR  
COUNTRY)12. MAIDEN  
NAME13. BIRTHPLACE  
(STATE OR  
COUNTRY)

14 SIGNATURE

ADDRESS

15. PLACE OF  
BURIAL OR  
REMOVAL

DATE

16 SIGNATURE

ADDRESS

20. FILE NUMBER

FILE DATE

SIGNATURE OF LOCAL REGISTRAR

POSTOFFICE ADDRESS

## MEDICAL PARTICULARS

17. DATE OF  
DEATH

18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM

I LAST SAW HIM ALIVE ON

THE DEATH OCCURRED ON THE DATE STATED ABOVE AT

THE PRIMARY CAUSE OF DEATH WAS:

DURATION

CONTRIBUTORY  
CAUSES WERE

IF NOT DUE TO DISEASE, SPECIFY WHETHER:

ACCIDENT, SUICIDE, OR HOMICIDE

DATE OF OCCURRENCE

PLACE OF OCCURRENCE

MANNER OR MEANS

IF RELATED TO OCCU-  
RATION OF DECEASED,  
SPECIFY

SIGNATURE

ADDRESS

M.D.

COR.

TEXAS



NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

98

12/29/45

E. S. White

Luling, TEXAS