

'PLACE OF DEATH

Texas State Board of Health

598

STANDARD CERTIFICATE OF DEATH

Registered No.

County Dallas
 City Dallas
 (Name of house, street, or other place, and ward)
Campbell House

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME W. A. Goldsby

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

SEX Male COLOR OR RACE White
 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 (Write the word.)

DATE OF DEATH Jan 11 1914
 (Month) (Day) (Year)

DATE OF BIRTH Dec 31 1861
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 12 1914 to Jan 12 1914
 that I last saw him alive on Jan 12 1914

AGE 52 yrs 0 mos 10 ds.

and that death occurred on the date stated above at 2:30 a.m.
 The CAUSE OF DEATH was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work G.P. Clerk
 (b) General nature of industry, business or establishment in which employed (or employer)

Sun shot wound self-inflicted
 (Duration) yrs mos ds.

BIRTHPLACE (State or county) La

Contributory (Secondary) Leah Stewart
 (Signed) Leah Stewart
 112 1914 (Address) Dallas

NAME OF FATHER W. Goldsby

(Duration) yrs mos ds.

BIRTHPLACE OF FATHER (State or country) La

MAIDEN NAME OF MOTHER Dudgeon

BIRTHPLACE OF MOTHER (State or country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. A. Goldsby
 (Address) England Ave

*State the Disease Causing Death, or, in deaths from violent causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.

*LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
 At place of death yrs mos ds. In the State yrs mos ds.
 Where was disease contracted (if not at place of death?)
 Former or usual residence.

Filed 1914 Registrar W. A. Goldsby

PLACE OF BURIAL OR REMOVAL Oakland Cem DATE OF BURIAL 13 1914

UNDERTAKER W. F. Weiland Undertaking Co. ADDRESS Dallas, Texas