

1 PLACE OF DEATH
STATE OF TEXAS

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

Registrar's No. 121

1311

COUNTY OF Dallas

CITY OR
PRECINCT NO. Mesquite

No. St Paul Hospital

If in an Institution, give name of Institution instead of Street and No.

Length of residence in city where death occurred yrs. mos. 21 days? How long in U. S. if foreign born? yrs. mos. days

2 FULL NAME
OF DECEASED

RESIDENCE OF
THE DECEASED No. Street

Well Cross

Mesquite Lea

State

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. Single Married Widowed Divorced Married

6a. If married, widowed or divorced (HUSBAND of) (or) WIFE of Novella Gross

6. DATE OF BIRTH (month, day, and year) Feb 21 1896

7. AGE 37 Years 10 Months 20 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec 5-35 11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (City or Town) (State or Country) Mesquite Dallas Tex

13. NAME Ernest Gross A. F.

14. BIRTHPLACE (City or Town) (State or Country) Tennessee

15. MAIDEN NAME Mary Carter

16. BIRTHPLACE (City or Town) (State or Country) Mesquite Tex

17. INFORMANT Dan Gross

(Address) Mesquite Lea

18. BURIAL, CREMATION, OR REMOVAL Place Mesquite Tex Date 1-12 1936

19. UNDERTAKER Anderson Clayton Bros by H. E. ...

(Address) Mesquite Lea

20. SIGNATURE OF REGISTRAR Birdie Smith

FILE DATE Jan 12 1936

21. DATE OF DEATH (month, day, and year) 1-11-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-21-35 19, to 1-11-36 19

I last saw him alive on 1-11-36 19; death is said to have occurred on the date stated above, at 11:03 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Myelonephritis

Toxemia

Other contributory causes of importance:

Name of operation: None date of

23. If death was due to external causes (violence) fill in also the following: What test confirmed diagnosis: None Was there an autopsy? Yes

Accident, suicide, or homicide?

Date of Injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) P. A. Bergman M. D.

(Address) St. Paul's Hospital

