

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.

1. PLACE OF DEATH
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

23593
REGISTRAR'S NO. 1220

COUNTY OF Harris

STANDARD CERTIFICATE OF DEATH

CITY OR PRECINCT NO. Houston Texas NO. 611 STREET East 22

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

LENGTH OF RESIDENCE WHERE DEATH OCCURRED 19 YEARS _____ MONTHS _____ DAYS. HOW LONG IN U. S. IF FOREIGN BORN? _____ YEARS _____ MONTHS _____ DAYS

2. FULL NAME OF DECEASED Fred Theo Link

RESIDENCE OF THE DECEASED NO. 611 STREET East 12 CITY Houston Texas STATE _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE MARRIED
WIDOWED DIVORCED (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Opal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 11 1886

7. AGE 53 YEARS 2 MONTHS 11 DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

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

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)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

13. NAME D K

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D K

15. MAIDEN NAME D K

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D K

17. INFORMANT Mr Opal Link

(ADDRESS) Houston Texas

18. BURIAL REMOVAL PLACE Rosewood Cmt DATE 5-23, 1939

19. UNDERTAKER C J Lusk Heights Fun Home

(ADDRESS) Houston Texas

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR
MAY 26 1939 A L Wall
(FILE DATE) (SIGNATURE)

MEDICAL PARTICULARS

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1939 1939

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM August, 1938, TO May 22, 1939

I LAST SAW HIM ALIVE ON May 22, 1939

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Coronary atherosclerosis DATE OF ONSET 1938

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION _____ DATE OF _____

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 _____ 1939

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

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, PUBLIC PLACE, 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) J. J. Shaffer M. D.

(ADDRESS) 411 Second Nat Bank

