

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

Texas State Board of Health

County JeffersonCity BeaumontStreet 1248 Park St. (Ward)

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

FULL NAME Charles P. Weber

STANDARD CERTIFICATE OF DEATH

Registered No.

1959
12757

PERSONAL AND STATISTICAL PARTICULARS

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

 DATE OF BIRTH Oct 22 1868
 (Month) (Day) (Year)

 AGE 45 yrs. 7 mos. 22 ds.

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

 BIRTHPLACE (State or country) Ohio

 NAME OF FATHER Samuel

 BIRTHPLACE OF FATHER (State or country) Ohio

 MAIDEN NAME OF MOTHER Atkinson

 BIRTHPLACE OF MOTHER (State or country) Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) Beaumont, Pa.

 (Address) Beaumont, Pa.

 Filled 9/15/14 H. H. Hutchison

Registrar

MEDICAL PARTICULARS

 DATE OF DEATH June 13 1914
 (Month) (Day) (Year)

 I HEREBY CERTIFY, that I attended deceased from held in morgue on the dead body of this
Waters June 13 1914

 and that death occurred on the date stated above at 10:30 p.m.

The CAUSE OF DEATH* was as follows:

Pistol-shot wounds
 (Duration) yrs. mos. ds.

 Contributory (Secondary) L. D. Ingram

(Duration) yrs. mos. ds.

 (Signed) J. P., M. D.

*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...

 PLACE OF BURIAL OR REMOVAL MAGNOLIA CEMETARY

 DATE OF BURIAL 6/15 1914

 UNDERTAKER WILKIN & BRUNN

 ADDRESS Beaumont