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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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 PLACE OF DEATH STATE OF TEXAS COUNTY OF <i>Madison</i> CITY OR PRECINCT NO. <i>One</i>			TEXAS STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH Registrar's No. <i>51767 48</i>	
2 FULL NAME OF DECEASED <i>Gertrude Jones</i> RESIDENCE OF THE DECEASED No. _____ Street _____ City <i>Madisonville</i> State <i>Texas</i>			21. DATE OF DEATH (month, day, and year) <i>Nov 12</i> 19 <i>38</i> 22. I HEREBY CERTIFY, That I attended deceased from <i>One West Lafayette</i> <i>Oct 12</i> 19 <i>38</i>	
3. SEX <i>Female</i> 4. COLOR OR RACE <i>Colored</i> 5. Single Married Widowed Divorced (Write the word) <i>married</i> 6. DATE OF BIRTH (month, day, and year) <i>1889-5-10</i> 7. AGE <i>49</i> Years <i>6</i> Months <i>21</i> Days	8. Trade, profession, or particular kind of work done, as spinster, Sawyer, bookkeeper, etc. <i>House wife</i> 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>!!</i> 10. Date deceased last worked at this occupation (month and year) <i>10-1937</i> 11. Total time (years) spent in this occupation		I last saw h. _____ alive on _____ 19____; death is said to have occurred on the date stated above, at _____ in _____ The principal cause of death and related causes of importance were as follows: <i>Brain Cancer</i>	
12. BIRTHPLACE (City or Town) (State or Country) <i>Riverside, Tex.</i> 13. NAME <i>Ebb. Riley</i> 14. BIRTHPLACE (City or Town) (State or Country) <i>Riverside, Tex.</i> 15. MAIDEN NAME <i>Cresia Taylor</i> 16. BIRTHPLACE (City or Town) (State or Country) <i>Some where in Tex.</i> 17. INFORMANT <i>Sovie Jones</i>			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 _____ 19____ Where did injury occur? _____ (Specify city, town, county, and state) Specify whether injury occurred in industry, in home, or in public place: _____ Manner of injury _____ Nature of injury _____	
18. BURIAL CREMATION, OR REMOVAL Place <i>Madisonville</i> Date <i>Nov 2</i> 19 <i>38</i> 19. UNDERTAKER <i>A. L. Jones</i>			24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <i>J. M. Brown</i> M. D. (Address) <i>Madisonville, Texas</i>	
20. SIGNATURE OF REGISTRAR FILE DATE <i>10-3-1938</i> <i>Q. L. Brown</i>			RECEIVED DEC 1 1938 BUREAU OF VITAL STATISTICS TEXAS	