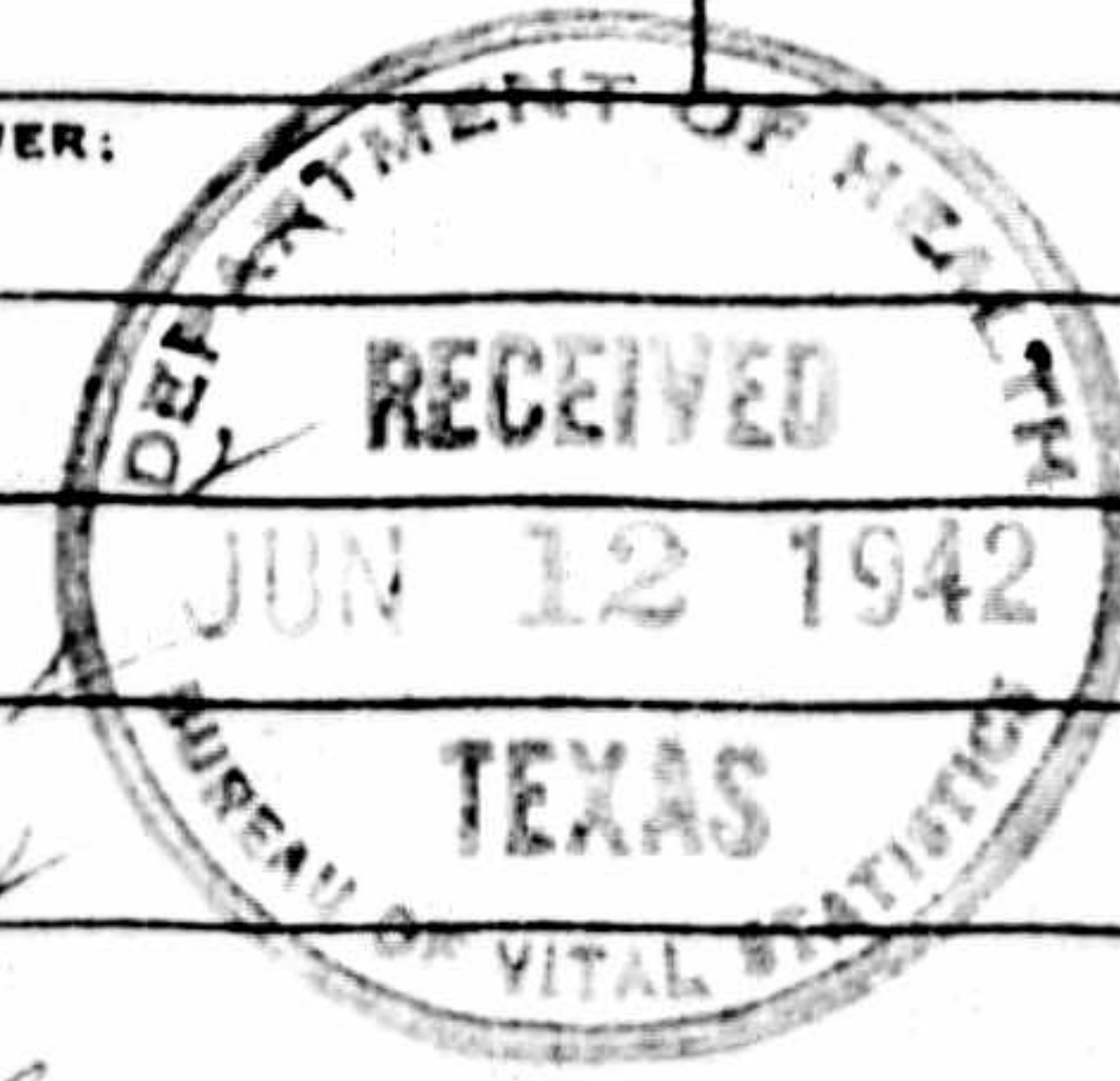


TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

20706

1. PLACE OF DEATH STATE OF TEXAS		GIVE STREET AND NUMBER OR NAME OF INSTITUTION	
COUNTY OF <u>Coll</u>			
CITY OR PRECINCT NO. <u>2/Hughes Springs</u>			
2. FULL NAME OF DECEASED <u>Mrs. Jennie Harwood</u>			
LENGTH OF RESIDENCE WHERE DEATH OCCURRED <u>69</u> YEARS MONTHS DAYS (SOCIAL SECURITY NO.)			
RESIDENCE OF THE DECEASED AND NO. <u>1</u> STREET <u>Hughes Springs</u> CITY <u>Coll</u> COUNTY <u>Coll</u> STATE <u>Texas</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL PARTICULARS	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	17. DATE OF DEATH <u>5/8</u> 194 <u>2</u>	
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>Widowed</u>		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>1/10</u> 194 <u>2</u> TO <u>5/8</u> 194 <u>2</u>	
6. DATE OF BIRTH <u>6-23-1872</u>		I LAST SAW HIM ALIVE ON <u>5/8</u> 194 <u>2</u>	
7. AGE <u>69</u> YEARS <u>10</u> MONTHS <u>15</u> DAYS IF LESS THAN 1 DAY HOURS MIN		THE DEATH OCCURRED ON THE DATE STATED ABOVE AT <u>1</u> P. M.	
8A. TRADE, PROFESSION OR KIND OF WORK DONE <u>House widow</u>		THE PRIMARY CAUSE OF DEATH WAS:	
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED <u>-</u>		<u>Heart attack</u>	
9. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>		<u>Coronary & Stomach</u>	
10. NAME <u>Tom Gibson</u>		CONTRIBUTORY CAUSES WERE <u>None</u>	
11. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>		<u>Stomach</u>	
12. MAIDEN NAME <u>Sallie Walker</u>			
13. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>			
14. SIGNATURE <u>Jennie Mae Grainger</u>		IF NOT DUE TO DISEASE, SPECIFY WHETHER: ACCIDENT, SUICIDE, OR HOMICIDE	
ADDRESS <u>Hughes Springs</u> TEXAS		DATE OF OCCURRENCE	
15. PLACE OF BURIAL OR REMOVAL <u>Hughes Springs Cemetery</u> TEXAS		PLACE OF OCCURRENCE	
DATE <u>5-9-</u> 194 <u>2</u>		MANNER OR MEANS	
16. SIGNATURE <u>Reeder Watson Co</u>		IF RELATED TO OCCUPATION OF DECEASED, SPECIFY	
ADDRESS <u>Hughes Springs</u> TEXAS		SIGNATURE <u>J. E. Harwood</u> M.D.	
20. FILE NUMBER		SIGNATURE OF LOCAL REGISTRAR <u>G. A. Callaway</u>	
FILE DATE <u>May-9</u> 194 <u>2</u>		POSTOFFICE ADDRESS <u>Hughes Springs</u> TEXAS	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE



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