

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		52812
COUNTY OF <u>Tarrant</u>		STANDARD CERTIFICATE OF DEATH		REGISTRAR'S NO. 1783
CITY OR PRECINCT NO. <u>Ft Worth</u>		NO. <u>1609</u>	STREET <u>East Hattie St.</u>	
LENGTH OF RESIDENCE WHERE DEATH OCCURRED		28 YEARS	MONTHS	DAYS
2. FULL NAME OF DECEASED		Mrs <u>Emma B. Kirk.</u>		
RESIDENCE OF THE DECEASED		NO. <u>1609</u>	STREET <u>East Hattie</u>	CITY <u>Ft Worth</u> STATE <u>Texas.</u>
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL PARTICULARS		
3. SEX	4. COLOR OR RACE	5. SINGLE MARRIED WIDOWED DIVORCED (WRITE THE WORD)	21. DATE OF DEATH (MONTH, DAY, AND YEAR)	
F	White	Married	November 23 1939	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM		
T.J. Kirk		<u>July 28, 1939, to Nov. 23, 1939</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		LAST SAW ALIVE ON		
July 9 1862		<u>Nov. 23, 1939</u> ; DEATH		
7. AGE		IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT		
77 YEARS	4 MONTHS	14 DAYS	2 00 A. M.	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:		
Housewife.		<u>Acute Dilatation of the Heart</u> 11/23/39		
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:		
Housewife.		<u>Myocarditis of the Heart</u> 7/28/39		
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		
D.K.		10/21/39		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		NAME OF OPERATION		
Tennessee.		None		
13. NAME		DATE OF		
J.C. Boyd		None		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		WHAT TEST CONFIRMED DIAGNOSIS		
Tennessee.		Symptoms		
15. MAIDEN NAME		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (ACCIDENT, SUICIDE, OR HOMICIDE) FILL IN ALSO THE FOLLOWING:		
D.K.		None		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		DATE OF INJURY		
D.K.		None		
17. INFORMANT		WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY, AND STATE)		
T.J. Kirk.		None		
(ADDRESS) 1609 East Hattie St.		SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE.		
1609 East Hattie St.		None		
18. BURIAL REMOVAL PLACE		MANNER OF INJURY		
Forest Hill		None		
19. UNDERTAKER		NATURE OF INJURY		
Gause Ware Funeral Home		None		
(ADDRESS) 1251 Pa Ave. R.H. Dodd # 1139		24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?		
1251 Pa Ave. R.H. Dodd # 1139		No.		
20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR		IF SO, SPECIFY		
<u>Nora Barker</u>		None		
NOV 24 1939		(SIGNED) <u>Arthur A. Lane E</u> M. D.		
(FILE DATE)		(ADDRESS) <u>307-8 Med arts Bldg Ft Worth Texas</u>		

