

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE

WRITE MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillborn is, as cause of Death, file birth Certificate. 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 *400*

TEXAS STATE BOARD OF HEALTH

County *McCulloch*

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Reg. Dis. No.

B. O. V. S.
FORM **D**

Registered No. *113*

City *Rochelle*

(No., St.; Ward)

FULL NAME *Jennie Powell*

(a) RESIDENCE. No. St. *11771*

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *23* yrs. *4* mos. *2* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

6 DATE OF BIRTH *December 11 1925*
(Month) (Day) (Year)

7 AGE *73* yrs. *one* mos. *21* ds.
If less than 2 years state if breast fed If less than 1 day
Yes. No. hrs. mins.

8 OCCUPATION
(a) Trade, profession or particular kind of work *Housewife*
(b) General nature of industry, business or establishment in which employed (or employer) *same*

9 BIRTHPLACE (State or country) *Tennessee*

10 NAME OF FATHER *Tom French*

11 BIRTHPLACE OF FATHER (State or country) *Tennessee*

12 MAIDEN NAME OF MOTHER *Moore*

13 BIRTHPLACE OF MOTHER (State or country) *Tennessee*

14 THE ABOVE IS TRUE

(Informant) *J. D. Powell*
(Address) *Rochelle Texas*

15
Filed *2-6* 192*9*, *Geo. C. Parker*
Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH *February 2 1929*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Dec 18*, 192*8*, to *Feb 2*, 192*9* that I last saw her alive on *Feb. 2*, 192*9* and that death occurred, on the date stated above, at *2:15* a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis or slow Consumption
(duration) *11* yrs. mos. ds.

Contributory (Secondary) *none known*
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? *no record*

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis? *regular symptoms*

(Signed) *no M.D. attended her*, M. D. *Feb. 5*, 192*9* (Address) *same as informant*

*State the Disease Causing Death or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for State Statutes.)

19 PLACE OF BURIAL OR REMOVAL *Rochelle TX* DATE OF BURIAL *2-2 1929*

20 UNDERTAKER *J. V. Willis* ADDRESS *Rochelle TX*