

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 PARTICULARS	
1. PLACE OF DEATH STATE OF TEXAS COUNTY OF <u>Hill</u> CITY OR PRECINCT NO. <u>Hubbard</u> NO. _____ STREET _____ IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH 33165 REGISTRAR'S NO. <u>48</u>	
2. FULL NAME OF DECEASED <u>A. W. Sawyer</u> RESIDENCE OF THE DECEASED NO. _____ STREET _____ CITY <u>Hubbard</u> STATE <u>Tex</u>		21. DATE OF DEATH (MONTH, DAY AND YEAR) <u>July 26</u> , 193 <u>8</u>	
3. SEX <u>Male</u> 4. COLOR OR RACE <u>White</u> 5. SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> (WRITE THE WORD) <u>widowed</u>		22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>July 26</u> , 193 <u>8</u> , TO <u>July 26</u> , 193 <u>8</u> I LAST SAW HIM/LIVE ON <u>last seen on arrival</u> , 193 <u>8</u> ; DEATH IS SAID	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-10-1869</u>		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE _____ DATE OF INJURY _____, 193 <u>8</u> WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY, AND STATE) SPECIFY WHETHER INJURY OCCURRED IN HOME, OR IN PUBLIC PLACE. _____	
7. AGE <u>68</u> YEARS <u>7</u> MONTHS <u>16</u> DAYS OR IF LESS THAN 1 DAY _____ HRS. _____ MIN.		TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ P. M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Chronic myocarditis</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Truck Driver</u>		DATE OF ONSET <u>5</u>	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Strenuous</u>	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		NAME OF OPERATION _____ DATE OF _____	
13. NAME <u>J. K. Sawyer</u>		WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY? _____	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		24. WAS DISEASE OR INJURY IN ANY RELATED TO OCCUPATION OF DECEASED? _____	
15. MAIDEN NAME <u>Clara Walker</u>		IF SO, SPECIFY _____	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		(SIGNED) <u>Robert J. Walker</u> M. D. (ADDRESS) <u>Hubbard Tex</u>	
17. INFORMANT <u>Lester Sawyer</u> (Address) <u>Hubbard Tex</u>		20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR <u>7-27</u> 193 <u>8</u> <u>Robert J. Stewart</u> (FILE DATE) (SIGNATURE)	
18. BURIAL REMOVAL PLACE <u>Dawson Tex</u> DATE <u>7-27</u> , 193 <u>8</u>		19. UNDERTAKER <u>B. C. Dobson</u> (Address) <u>Hubbard Tex</u>	

