

0709

Where stillborn is given as cause of death, file birth certificate. Every item of information should be care-fully called. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms that it may be properly classified. Exact statement of OCCUPATION is very important.

TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Denton City Denton (No. Normal St.; 3 Ward)

Reg. Dis. No. 1087 B.O.V.S. **MON D**
Registered No. 1

2 FULL NAME Mrs. C.A. Yerby (a) RESIDENCE No. — St. Normal
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>	16 DATE OF DEATH <u>Jan 17 1920</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Feb 2 1854</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>1903</u> to <u>Jan 17 1920</u> that I last saw him alive on <u>Jan 15 1920</u> and that death occurred, on the date stated above, at <u>8:30 p.m.</u> The CAUSE OF DEATH* was as follows: <u>Pulmonary Tuberculosis</u> (duration) <u>20</u> yrs. <u>—</u> mos. <u>—</u> ds.	
7 AGE <u>65</u> yrs. <u>11</u> mos. <u>14</u> ds. If less than 2 years state if breast fed <u>—</u> If less than 1 day <u>—</u> Yes <u>—</u> No <u>—</u> hrs. <u>—</u> mins.			Contributory (Secondary) <u>—</u> (duration) <u>—</u> yrs. <u>—</u> mos. <u>—</u> ds.	
8 OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>—</u>			18 Where was disease contracted if not at place of death? <u>contracted Denton Co</u> Did an operation precede death? <u>no</u> Date of <u>—</u> Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>—</u> (Signed) <u>J. P. Hodges</u> , M. D. <u>Jan 18 1920</u> (Address) <u>Denton, Tex.</u>	
9 BIRTHPLACE (State or country) <u>Texas</u>			*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.)	
10 NAME OF FATHER <u>Geo. M. Walker</u>			19 PLACE OF BURIAL OR REMOVAL <u>I.O.O.F. Cemetery</u> DATE OF BURIAL <u>1-19-1920</u>	
11 BIRTHPLACE OF FATHER (State or country) <u>U.S.A</u>			20 UNDERTAKER <u>V. W. Shepard</u> ADDRESS <u>Denton, Tex.</u>	
12 MAIDEN NAME OF MOTHER <u>Patty Barnett</u>				
13 BIRTHPLACE OF MOTHER (State or country) <u>U.S.A</u>				
14 THE ABOVE IS TRUE (Informant) <u>W. N. Yerby</u> (Address) <u>Denton</u>				
15 Filed <u>Jan 19 1920</u> <u>J. E. Omer</u> Registrar				

2127-218-50M