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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.

Dev Hamilton

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

1 PLACE OF DEATH
STATE OF TEXAS

COUNTY OF Coryell

CITY OR TOWN OF DECEASED Gatesville No. Milton Powell Memorial Hospital Registrar's No. 7349

If in an institution, give name of institution instead of Street and No.

Length of residence in city where death occurred 2 yrs. 0 mos. 11 days. How long in U. S. if foreign born? 2 yrs. 0 mos. 11 days

2 FULL NAME OF DECEASED George Barnett Walker

RESIDENCE OF THE DECEASED No. 411 Street So 14th City Gatesville State Texas

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL PARTICULARS	
1 SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Write the word)	6. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mrs Elizabeth Walker</u>	21. DATE OF DEATH (month, day, and year) <u>2-19</u> , 19 <u>37</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 1st</u> , 19 <u>36</u> , to <u>2-19</u> , 19 <u>37</u>
7. AGE <u>67</u> Years <u>0</u> Months <u>11</u> Days	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	I last saw <u>him</u> alive on <u>2-19</u> , 19 <u>37</u> ; death is said to have occurred on the date stated above, at <u>J.C.</u> m. The principal cause of death and related causes of importance were as follows: <u>Chronic Bright's Disease</u> <u>9-1-36</u> <u>myocarditis</u> <u>11-4-36</u>	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		Other contributory causes of importance:		
12. BIRTHPLACE (City or Town) (State or Country) <u>Arkansas</u>			Name of operation _____ Date of _____		
13. NAME <u>John Walker</u>			What test confirmed diagnosis? _____ Was there an autopsy? _____		
14. BIRTHPLACE (City or Town) (State or Country) <u>UNKNOWN</u>			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____		
15. MAIDEN NAME <u>Rachel Barnett</u>			Date of injury _____ 19 <u>37</u>		
16. BIRTHPLACE (City or Town) (State or Country) <u>UNKNOWN</u>			Where did injury occur? _____ (Specify city or town, county, and State)		
17. INFORMANT <u>G.A. Walker</u>			Specify whether injury occurred in industry, in home, or in public place.		
(Address) <u>Gatesville Texas</u>			Manner of injury _____		
18. BURIAL, REMOVAL PLACE <u>Gatesville</u> Date <u>2-20</u> , 19 <u>37</u>			Nature of injury _____		
19. UNDERTAKER <u>Morton Scott</u>			24. Was disease or injury in any way related to occupation of deceased? <u>no</u>		
(Address) <u>Gatesville Texas</u>			If no, specify _____		
20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR <u>Shirley</u> 19 <u>37</u>			(Signed) <u>J.H. Janss</u> M.D.		
(File Date)			(Address) <u>Gatesville Texas</u>		