

file
brown

31553

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

1. PLACE OF DEATH
STATE OF TEXAS
COUNTY OF Harris
CITY OR PRECINCT NO. Houston
2720 LaBranch

2. FULL NAME OF DECEASED George Thomas Brown
GIVE STREET AND NUMBER OR NAME OF INSTITUTION
LENGTH OF RESIDENCE WHERE DEATH OCCURRED 1 YEARS MONTHS DAYS (SOCIAL SECURITY No Record)
RESIDENCE OF STREET AND NO. 1703 Mordel CITY San Antonio COUNTY Bexar STATE Texas

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Male
4 COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) Widowed
6 DATE OF BIRTH Sept, 22, 1858
7 AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY
83 9 24

MEDICAL PARTICULARS
17. DATE OF DEATH July 16th, 1942
18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 20 1942 TO July 8 1942
I LAST SAW HIM ALIVE ON July 8 1942
THE DEATH OCCURRED ON THE DATE STATED ABOVE AT _____ M.
THE PRIMARY CAUSE OF DEATH WAS:

8A. TRADE, PROFESSION OR KIND OF WORK DONE Retired Locomotive Engineer
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED Southern Pacific Rail Road
9 BIRTHPLACE (STATE OR COUNTRY) Missouri

CONTRIBUTORY CAUSES WERE
Pulmonary Tuberculosis
Aortic aneurysm

10 NAME No Information
11 BIRTHPLACE (STATE OR COUNTRY) No Information
12 MAIDEN NAME No Information
13 BIRTHPLACE (STATE OR COUNTRY) No Information

IF NOT DUE TO DISEASE SPECIFY WHETHER ACCIDENT, SUICIDE, OR HOMICIDE.
DATE OF OCCURRENCE
PLACE OF OCCURRENCE

14 SIGNATURE R.M. Brown (son)
ADDRESS 1703 Mordel, San Antonio TEXAS

MANNER OR MEANS
IF RELATED TO OCCUPATION OF DECEASED, SPECIFY
SIGNATURE Dr. Louis J. Spivak M.D.
ADDRESS 2621 Rosedale Houston TEXAS

15 PLACE OF BURIAL OR REMOVAL Houston
Glenwood Cemetery TEXAS
DATE July, 18th, 1942

16 SIGNATURE Fogle West Co. Ray Fogle #304
ADDRESS 1903 McKinney Ave, Houston TEXAS

20 FILE NUMBER 2448
FILE DATE JUL 21 1942
SIGNATURE OF LOCAL REGISTRAR J. H. Alban
POSTOFFICE ADDRESS HOUSTON TEXAS

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1321



NON-RESIDENT