

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Reg. Dis. No. *Goess*
Registered No. **75786**

B.O.V.S.
REC'D

PLACE OF DEATH *2841*

County *Harris*

City *Houston*

(No. *1814*, *Hutchins* St.; *3rd* Ward)

FULL NAME *Mr G. F. Brown*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 Color or Race *white* 5 Single, Married, Widowed or Divorced *married*
(Write the word)

6 DATE OF BIRTH *Don't know*
(Month) (Day) (Year)

7 AGE *aged 53* yrs. mos. ds.
If less than 2 years state if breast fed If less than 1 day
Yes No hrs. mins.

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

9 BIRTHPLACE *Texas*
(State or country)

10 NAME OF FATHER *J. B. Munson*

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

12 MAIDEN NAME OF MOTHER *Annie E. Westall*

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Mr R. M. Brown
(Informant) *1814 Hutchins*
(Address)

15 Filed *2-23* 191*8*, *Dr. P. H. Scardino*
City Health Officer Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH *Feb 21* 191*8*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from *Jan 20*, 191*8*, to *Feb 21*, 191*8*, that I last saw h. *ex* alive on *Feb 20*, 191*8*, and that death occurred, on the date stated above, at *6* m.

The CAUSE OF DEATH* was as follows:
Valvular endocarditis
78 (Duration) *2* yrs. *about* mos. ds.)

Contributory (Secondary) (Duration) yrs. mos. ds.)

(Signed) *J. Goess*, M. D.
Feb 22, 191*8* (Address) *618 W. Main St. Houston*

*Use International List of Cause of Death—State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place *15* yrs. mos. ds. In the *Life time* State *Texas* yrs. mos. ds.
Where was disease contracted, if not at place of death? *Houston - TX*
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Glennwood* DATE OF BURIAL *Feb 23* 191*8*

20 UNDERTAKER *Sid Westheimer Co.* ADDRESS *1219 Prairie*

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Where Stillborn is given 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.