

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.

1. PLACE OF DEATH  
STATE OF TEXAS

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

6775 6814  
Registrar's No.

COUNTY OF BRAZORIA

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

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

2. FULL NAME OF DECEASED R.M. CALDWELL

RESIDENCE OF THE DECEASED No. Street City State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. Single Married Widowed Divorced (Write the word) MARRIED

6a. If married, widowed, or divorced HUSBAND of SARAH CALDWELL (or) WIFE of

8. DATE OF BIRTH (month, day, and year) 5-20-1875

7. AGE 61 Years 8 Months 18 Days If LESS than 1 day hrs. min.

9. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. FARMER

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FARM

11. Date deceased last worked at this occupation (month and year) 2-8-37 12. Total time (years) spent in this occupation 40

13. BIRTHPLACE (City or Town) (State or Country) TEXAS

14. NAME R.M. CALDWELL SR.

15. BIRTHPLACE (City or Town) (State or Country) BRAZORIA CO. TEXAS

16. MAIDEN NAME MARY HOUSE

17. BIRTHPLACE (City or Town) (State or Country) HOUSTON TEXAS

18. INFORMANT MRS. R.M. CALDWELL

(Address) JULIFF, TEXAS

19. BURIAL REMOVAL PLACE FOREST PARK 2-9-1937

20. UNDERTAKER Jones & Johnson

(Address) Houston Texas

21. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR 2-8-1937 (File Date) (Signature) J. P. Presno

MEDICAL PARTICULARS

21. DATE OF DEATH (month, day, and year) 2-8-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-8-1937 to 2-8-1937

I last saw him on 2-8-1937 death is said to have occurred on the date stated above, at 11:05 p.m.

The principal cause of death and related causes of importance were as follows:

STAR WOUND OF NECK. Date of Onset 2-8-37

Other contributory causes of importance: LOSS OF BLOOD.

23. Name of physician NONE Date of EXAMINATION

What test confirmed diagnosis? EXAM Was there an autopsy? NO

24. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ACCIDENTAL

Date of injury 2-8-1937

Where did injury occur? JULIFF, TEX. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. AT HOME

Manner of injury STAR WOUND OF NECK

Nature of injury WOUND OF NECK

25. Was disease or injury in any way related to occupation of deceased? NO

If so, specify (Signed) J. P. Presno

(Address) BRAZORIA CO. ANGLETON, TEX.