

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

34401

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

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| 1. PLACE OF DEATH a. COUNTY Brazoria | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Brazoria | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Gulf Park #7) c. LENGTH OF STAY (in this place) 18 Months | | c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Gulf Park Rural Precinct #7 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Hanly Road, Rural | | d. STREET ADDRESS (If rural, give location) Hanly Road, Rural | |
| 3. NAME OF DECEASED a. (First) Sarah b. (Middle) Munson c. (Last) Caldwell | | | 4. DATE OF DEATH July 28th 1953 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Feb. 3, 1877 |
| 9. AGE YEARS 76 MONTHS 5 DAYS 25 | | IF UNDER 24 hrs. Hours 25 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 11. BIRTHPLACE (State or foreign country) Baileys Prairie, Texas | | 12. FATHER'S NAME George Munson BIRTHPLACE Texas | |
| 13. MOTHER'S MAIDEN NAME Agnes Davis BIRTHPLACE Texas | | 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | |
| 15. SOCIAL SECURITY NO. None | | 16. INFORMANT'S SIGNATURE George McCaldwell | |
| 17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) Uremia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 18a. DATE OF OPERATION | | 18b. MAJOR FINDINGS OF OPERATION | |
| 19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH 48 hours | |
| 20a. ACCIDENT (Specify) SUICIDE | 20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE) | |
| 20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20f. HOW DID INJURY OCCUR? | |
| 21. I hereby certify that I attended the deceased from July 28, 1953 , to July 28, 1953 , that I last saw the deceased alive on July 28, 1953 , and that death occurred at 9:00 p.m. , from the causes and on the date stated above. | | | |
| 22a. SIGNATURE Bob McCarty M.D. (Degree or title) | | 22b. ADDRESS Freeport, Texas | 22c. DATE SIGNED 7-28-53 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE July 28th 1953 | 23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery |
| 23d. LOCATION (City, town, or county) (State) Houston, Texas | | 24. FUNERAL DIRECTOR'S SIGNATURE Geo. H. Lewis & Son, Bob G. Lewis 3721 | |
| 25a. REGISTRAR'S FILE NO. 16 | 25b. DATE REC'D BY LOCAL REGISTRAR 7-28-53 | 25c. REGISTRAR'S SIGNATURE J. H. ... | |