

MARGIN RESERVED FOR BINDING

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

N. B.—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.

PLAC OF DEATH

Texas State Board of Health 12636

County Bryan

STANDARD CERTIFICATE OF DEATH

City 1009 W Summit Ave

Registered No. 16892

(No. St.; 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Mrs Sarah M Kennedy

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (Write the word.)

DATE OF DEATH Aug 14 1913 (Month) (Day) (Year)

DATE OF BIRTH June 9 1857 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 8/9 1913 to 8/13 1913 that I last saw her alive on 8/13 1913 and that death occurred on the date stated above at 2 a.m.

AGE 56 yrs 2 mos 5 ds

CAUSE OF DEATH Pulmonary Tuberculosis

OCCUPATION (a) Trade, profession, or particular kind of work House Wife (b) General nature of industry, business or establishment in which employed (or employer) " "

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (Duration) 1 yr 1 mos 1 ds.

BIRTHPLACE (State or country) Texas.

(Signed) J. W. Wilson M. D. 8-13 1913 (Address) San Antonio Tx

NAME OF FATHER W. S. Munson

BIRTHPLACE OF FATHER (State or country) Texas.

MAIDEN NAME OF MOTHER Sarah Kynburgh

BIRTHPLACE OF MOTHER (State or country) Tex.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. Kennedy (Address) 813

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS.) At place of death 8 yrs 56 mos 1 ds. In the State 56 yrs 56 mos 1 ds. Where was disease contracted if not at place of death? Galveston Tex Former or usual residence Angleton Tx

FILED 8/13 1913 REGISTRAR

PLACE OF BURIAL OR REMOVAL Angleton Tx DATE OF BURIAL Aug 14 1913

UNDERTAKER Swan & Hagg ADDRESS 102 E. Lomb St