

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

61393

408

COUNTY OF Jefferson

CITY OR PRECINCT NO. Port Arthur No. 3401 Street Sixth St

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

Length of residence in city where death occurred yrs. 1 mos. 26 days. How long in U. S. if foreign born? yrs. mos. days

2 FULL NAME OF DECEASED Mrs. Hannah Adriance Munson

RESIDENCE OF THE DECEASED No. Street City Angleton State Texas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single Widowed Married Divorced  
(Write the word) widow

5a. If married, widowed, or divorced HUSBAND of George C. Munson deceased  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 19th 1857

7. AGE 80 Years 4 Months 26 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or Town) Columbia, Texas  
(State or Country)

MOTHER FATHER 13. NAME John Adriance

14. BIRTHPLACE (City or Town) New York State  
(State or Country)

MOTHER 15. MAIDEN NAME Lydia Ann Cooke

16. BIRTHPLACE (City or Town) New York State  
(State or Country)

17. INFORMANT Mrs. Frank Smith

(Address) Port Arthur, Texas.

18. ~~Address~~ Angleton, Texas Date 12-15-1937

19. UNDERTAKER Samuel B. Clayton #125

(Address) Fort Arthur, Texas

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR  
12-15-1937 F. J. [Signature]  
(File Date) (Signature)

MEDICAL PARTICULARS

21. DATE OF DEATH (month, day, and year) December 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to Dec 15, 1937

I last saw her alive on Dec-15-1937; death is said to

have occurred on the date stated above, at 1:30 a m. The principal cause of death and related causes of importance are as follows:

Myocarditis

Arteriosclerosis

Other contributory causes of importance: Senility

Name of operation None Date of

What test confirmed diagnosis? Chemical Was there an autopsy? No

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

Date of injury, 193

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

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify (Signed) James M. [Signature] M. D.

(Address) Port Arthur, Texas