

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

13922  
REGISTRAR'S NO. 9

COUNTY OF El Paso,

STANDARD CERTIFICATE OF DEATH

CITY OR PRECINCT NO. 6 NO. Canutillo STREET Texas.,

IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.

LENGTH OF RESIDENCE WHERE DEATH OCCURRED 12 YEARS MONTHS DAYS. HOW LONG IN U. S. IF FOREIGN BORN? YEARS MONTHS DAYS

2. FULL NAME OF DECEASED Byron C. Williamson,

RESIDENCE OF THE DECEASED NO. STREET CITY Cantillo STATE Texas.

PERSONAL AND STATISTICAL PARTICULARS  
3. SEX Male 4. COLOR OR RACE White 5. SINGLE MARRIED WIDOWED DIVORCED Married

MEDICAL PARTICULARS  
21. DATE OF DEATH March 3, 1940

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Williamson,

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Sept 10, 1937, to Nov 30, 1940

6. DATE OF BIRTH December 18, 1989

I LAST SAW HIM ALIVE ON July 27, 1940; DEATH

7. AGE 50 YEARS 2 MONTHS 15 DAYS OR IF LESS THAN 1 DAY, HRS. MIN.

IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 11 A. M.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Chicken Rancher,

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Pulmonary Tuberculosis 3 years ago

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.

DATE OF ONSET

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Rapids, Iowa,

NAME OF OPERATION DATE OF

13. NAME George E. Williamson,

WHAT TEST CONFIRMED DIAGNOSIS? X-ray WAS THERE AN AUTOPSY? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

15. MAIDEN NAME Flora E. Chandler,

ACCIDENT, SUICIDE, OR HOMICIDE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

DATE OF INJURY WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)

17. INFORMANT Miss Belle Williamson, (Sister)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, OR HOME, OR IN PUBLIC PLACE.

(ADDRESS) Houston, Texas.,

MANNER OF INJURY

18. BURIAL REMOVAL PLACE Albuquerque, N.M. DATE March 4, 1940

NATURE OF INJURY

19. UNDERTAKER KASTIN & MAXON, INC Ed Blaine

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No

(ADDRESS) 301 E. Vandell Blvd., El Paso, Texas.

IF SO, SPECIFY (SIGNED) R. B. Steman M. D.

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR 3-8-40 Ed Blaine (SIGNATURE)

(ADDRESS) No. 1st Nat Bk

