



NON RESIDENT

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL PARTICULARS	
1. PLACE OF DEATH STATE OF TEXAS		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH	
COUNTY OF <u>El Paso</u>		37770	
CITY OR PRECINCT NO. <u>El Paso</u>		Union Depot	
2. FULL NAME OF DECEASED <u>Mary Munson Williamson</u>		GIVE STREET AND NUMBER OR NAME OF INSTITUTION	
LENGTH OF RESIDENCE WHERE DEATH OCCURRED _____ YEARS _____ MONTHS <u>1</u> DAYS (SOCIAL SECURITY NO. _____)			
RESIDENCE OF THE DECEASED STREET AND NO. _____		CITY <u>Carnitillo</u> COUNTY <u>El Paso</u> STATE <u>Texas</u>	
3. SEX <u>Fe</u>	4. COLOR OR RACE <u>white</u>	17. DATE OF DEATH <u>Aug. 24</u> 194 <u>4</u>	
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>widow</u>		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 194 <u>4</u> , TO _____ 194 <u>4</u>	
6. DATE OF BIRTH <u>Feb 6 - 1894</u>		I LAST SAW H. _____ ALIVE ON _____ 194 <u>4</u>	
7. AGE _____ YEARS _____ MONTHS <u>6</u> DAYS <u>18</u> IF LESS THAN 1 DAY _____ HOURS _____ MIN		THE DEATH OCCURRED ON THE DATE STATED ABOVE AT _____ M.	
8A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Housewife</u>		THE PRIMARY CAUSE OF DEATH WAS: <u>10:2 a.m.</u>	
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED <u>Housework</u>		<u>Natural Causes</u>	
9. BIRTHPLACE (STATE OR COUNTRY) <u>Columbus Tex.</u>		<u>History of heart ailment</u>	
10 NAME <u>No Record</u>		CONTRIBUTORY CAUSES WERE _____	
11. BIRTHPLACE (STATE OR COUNTRY) <u>No Record</u>			
12. MAIDEN NAME <u>No Record</u>			
13. BIRTHPLACE (STATE OR COUNTRY) <u>No Record</u>			
14 SIGNATURE <u>Belle Williamson</u>		IF NOT DUE TO DISEASE, SPECIFY WHETHER: _____	
ADDRESS <u>Carnitillo</u> TEXAS		ACCIDENT, SUICIDE, OR HOMICIDE _____	
15. PLACE OF BURIAL OR REMOVAL <u>Albuquerque N. Mex.</u>		DATE OF OCCURRENCE _____	
DATE <u>August 28</u> 194 <u>4</u>		PLACE OF OCCURRENCE _____	
16 SIGNATURE <u>M. W. Martin</u>		MANNER OR MEANS _____	
ADDRESS <u>MARTIN MORTUARY</u> EL PASO, TEXAS		IF RELATED TO OCCUPATION OF DECEASED, SPECIFY _____	
		SIGNATURE <u>Wm. H. Lindley</u>	
		ADDRESS <u>El Paso</u> TEXAS	
20 FILE NUMBER <u>895</u>	FILE DATE <u>Aug. 25</u> 194 <u>4</u>	SIGNATURE OF LOCAL REGISTRAR <u>A. H. Lowell</u>	POSTOFFICE ADDRESS <u>El Paso</u> TEXAS



RECORDED