Created:August 8, 2006

QUESTIONS TO BE RESOLVED

NEW STRANGERS REST
WORKSHEET

Bonnie's list is transcribed under "Bonnie." All columns to the right of Bonnie's are Martha's lists. Martha's lists are completed only to the extent they don't agree with Bonnie's, and the differences are underlined. A "✓" in one of Martha's three columns indicates complete agreement with that portion of Bonnie's list.

Abbreviations: CD - City Directory; DC – Death Certificate; TDI – Bureau of Vital Records Death Index (Texas), accessed on microfiche at Clayton Library. Unsuccessful searches in TDI are presumed to include all name variations in all counties in Texas that could possibly match date, unless other indicated. All deaths from TDI records occurred in Harris County unless otherwise indicated.

Row	Bonnie (from G-Systems?)			Martha (from books, burial authorizations/permits, and library)						
				Bank Book		Big Book		Burial Auth./Permit		
	Grave	Name	Burial	Name	Burial	Name	Burial	Name	Burial	Other/Comment
1	162	Johnson, Felix	10/16/11	✓	✓	✓	✓	✓	✓	Obit: TDI: Footnote[1]
1	150	Orlando, Jno.	7/23/11	Jno. Orlando (Infant)	7/3/11	Infant John Orrlando	✓	Front: John Orrlando (Infant) Back: Infant of John Orrlando	✓ ✓	Obit: TDI: Footnote[2]
1	145	Ray, Inf. of Andrew	7/17/11	✓	✓	✓	✓	✓	✓	Obit: TDI: Footnote[3]
2	244	Roberts, Inf. of J. L.	11/15/12	✓	✓	✓	✓	Front: Infant of Mr. and Mrs. J. L. Roberts Back: ✓	✓ ✓	Obit: TDI: Footnote[4]
2	218	Buerkle, Bernadine M.	6/29/12	✓	✓	✓	✓	✓	✓	Obit: Footnote[5] TDI: Footnote[6]

[1] Great fiche. No date match for F. or Felix Johnson. Find obit.

[2] Fiche for Orlando is completely illegible. Fiche for Orrlando is a little better, but "John" not found. Look for obituary; is it an infant named John Orlando (or Orrlando) or the infant of John Orlando (Orrlando)?

[3] No date match for any Ray. Find obit.

[4] No date match for Infant Roberts, Unknown Roberts, J…. Roberts, Infant Robert, Unknown Robert, J… Robert, Roberta or Roberto. J. C. Roberts died 1/15/1912, DC #1448. According to DC #1448, he was a 21-day-old infant whose father was T. M. Roberts, and infant J. C. Roberts is buried in Holly [sic] Cross.

[5] *Houston Daily Post* searched through July 7, 1912, with no result. GO BACK TO JUNE 21 AND SEARCH AGAIN.

[6] No Bernadine Buer….

28

Row	Bonnie (from G-Systems?)			Martha (from books, burial authorizations/permits, and library)						
				Bank Book		Big Book		Burial Auth./Permit		
	Grave	Name	Burial	Name	Burial	Name	Burial	Name	Burial	Other/Comment
2	208	Carr, Peter[7]	5/18/12	Peyton Carr	✓	Peter (written over Peyton, or vice versa)	✓	Peyton Carr	✓	Obit: TDI: Footnote [8]
3	307	Danforth, Inf. of W. T.	9/10/13	✓	✓	Infant of Mrs. T. Danforth		Front: Infants son and daughter of Mr. and Mrs. W. T. Danforth Back: ✓	✓ ✓	Obit: TDI: No Danforth in 1913 **WHEN APPROVED MAKE IT INFANTS OF**
3	250	Mitchell, Inf. of Mary	12/17/12	Mary Mitchell Infant [no "of"]	12/14/12 ?	Mary Mitchell Infant [no "of"]	✓	Front: Mary Mitchell (Infant) [no "of"] Back: Mary Mitchell Infant [no "of"]	✓ ✓	Obit: TDI: Footnote[9]
3	231	Dysard, Inf. of T. L.	8/13/12	✓	✓	Infant of T. L. Dysarch?	✓	✓	✓	Obit: TDI: Footnote [10]
3	278	Mohn, Inf. of Mrs. T. E.	5/19/13	Infant of Mrs. E. F. Mohn	✓	Infant of Mrs. E. F. (or E. T.) Mohn	✓	Front: Infant of Mrs. E. F. Mohr Back: Infant of Mrs. E. T. Mohn	✓ ✓	Obit: TDI: Footnote[11]

[7] Bonnie's note: Bank Book Peyton

[8] No P… Carr in 1912; no Peyton as surname in 1912 (see Footnote above).

[9] No date match for any Mitchell from Unknown through Haywood as first name; no date match for any Mitchael, Mitchal, Mitchall, Mitchel. An "Infant of Mary Mitchell" died in Harris County 12/8/1937, DC #60599, but that number is not yet available at the Clayton.

[10] No Dysard, no Dysart in 1912.

[11] No date match for Mohn or Mohr.

Row	Bonnie (from G-Systems?)			Martha (from books, burial authorizations/permits, and library)						
				Bank Book		Big Book		Burial Auth./Permit		
	Grave	Name	Burial	Name	Burial	Name	Burial	Name	Burial	Other/Comment
4/5	621	Sanders, Inf. J. W.	12/17/18	Infant of Mr. and Mrs. J. W. Sanders	12/17/17	Infant of Mrs. J. W. Sanders	12/17/17	SKIPPED. GO BACK.		Obit: TDI: Infant of J. W. Sanders, died 12/?/1917,[12] DC #35204. DC #35204: Footnote[13]
4/5	612	Kussman, Russell North	10/24/17	Russell North Kussmann	✓	Russell N. Kussmann	✓	Russell North Kussmann	✓	Obit: TDI: Russell Arther [yes, er] Kussemann, died 10/24/1917, DC #1483 DC #1483: Footnote[14]
4/5	589	Osteen, Inf. Mrs. L. M.	7/23/17	Infant of Mr. and Mrs. L. M. Osteen	✓	✓	✓	Front: Infant of Mr. and Mrs. L. M. Osteen Back: ✓	✓ ✓	Obit: TDI: Footnote[15]
4	525	Moor,[16] Inf. of Mr. and Mrs.	9/20/16	Infant of Mr. and Mrs. Horatio R. Moore	✓	(Incomplete; edge of page worn away)	✓	Front: Infant of Mr. and Mrs. Horatio R. Moore Back: Infant of Mrs. Horatio R. Moore	✓	Obit: TDI: Footnote[17]
4	422	Faulkner, Ray A.	6/4/15	✓	✓	✓	✓	Front: Roy (?) A. Faulkner Back: ✓	✓ ✓	Obit: TDI: Footnote[18]
4	128	Loer, D. E.	3/16/11	✓	✓	✓	✓	✓	✓	Obit: TDI: Footnote[19]

[12] It's actually a "?" in the TDI.

[13] DC #35204 is very clear on fiche, but DC #35204 is Glenn Robert Benson who died 9/29/1918 in San Patricio County. Sanders is probably on reel 2073464 or 2073523, Drawer 3, middle row, toward back. GO BACK AND SEARCH FRAME BY FRAME.

[14] DC #1483 is very clear on fiche, but not correct; there appears to be no such number in the date range. DC #1483 is Inf. of R. T. Soctt, buried at Glenwood 1/14/1912. Kusseman is probably on reel 2051960 or 2051961. GO BACK AND SEARCH FRAME BY FRAME.

[15] On three visits, surnames on fiche completely illegible (left side of page is all white). Look for obituary.

[16] Bonnie's note: Bank Book H. R. Moore

[17] No date match for Moor or Moon. No "infant" Moore or Unk. Moore. No date match H… Moore.

[18] No R… Faulkner in 1915.

[19] Only one Loer (Thomas Edward) died 7/15/1937. No date match for Loer, Loera, Loen, Loar, or Loara.

Row	Bonnie (from G-Systems?)			Martha (from books, burial authorizations/permits, and library)						
				Bank Book		Big Book		Burial Auth./Permit		Other/Comment
	Grave	Name	Burial	Name	Burial	Name	Burial	Name	Burial	
6	259	Walters, Childs E.	1/23/13	Watters [ambiguous], C. E.	✓	✓	✓	✓	✓	CD: Footnote [20] Obit: TDI: Footnote [21]
6	319	Rossi, Hanna	11/12/13	Rasson, Mrs. A.		Rossi (or Rossu),[22] Anna ("Hanna" with an "A" drawn over the "Ha")		Front: Rosson (with Rasson written above in a modern hand), Anna Back: Rasson (clear), Anna	✓	CD: Footnote [23] Obit: TDI: Footnote [24]
8	664	Bunch, John	10/5/18	✓	✓	Burch, John	✓	(Front: Bunch, John) Back: Burch, John	✓	Obit: CD: Footnote [25] TDI: Footnote [26]
9	730	Boysen, Inf. of C.L.	11/26/20	✓	✓	Boyner, Inft. Of C.L.	✓	Front: ✓ Back may be Borynor or Borjnor.	✓	CD 1920-21: Clarence L. Boysen, 1816 Kane Obit: TDI: Inf. of Clarence L. Boyson, died 11/24/1920, DC #35095 DC #35095: Footnote[27]

[20] CD 1911-12 and CD 1913: Several Walters and Watters, but no Childs E. or C.E.
[21] No Walters or Watters in Harris County in 1913
[22] Martha's not convinced the first letter is an "R".
[23] CD 1911-12: No possible match. CD 1913: James Rossi; spouses not shown; no Rasson or Rassin
[24] No match for any variation in 1913.
[25] CD 1917: Six Bunch, but no John; John F. Burch, ball player, lives at 909 W. Main.
[26] No J or John Bunch or Burch; searched again on 9/17/2005 without success.
[27] DC #35095 is very clear on fiche, but DC #35095 is the infant son of Mr. and Mrs. Milton Page who died 9/16/1918 in Potter County. Boyson is probably on reel 2073875, 2073876 or 2073877, Drawer 3, second row from right, toward back. GO BACK AND SEARCH FRAME BY FRAME.

Row	Bonnie (from G-Systems?)			Martha (from books, burial authorizations/permits, and library)						
				Bank Book		Big Book		Burial Auth./Permit		
	Grave	Name	Burial	Name	Burial	Name	Burial	Name	Burial	Other/Comment
9	481	Galson, Marie	2/28/16	✓	✓	✓	✓	✓	✓	Obit: TDI: Maria Galson; died 2/27/1916, DC #4505 ~~**APPROVED 6/30/2005**~~: ~~Marie Galson~~ ~~2/28/1916~~ DC #4505: Footnote[28]
9	383	Pillwitz, Helen	10/19/14	✓	10/12/14	✓	10/12/14	✓	10/12/14	CD 1913: Helene Pillwitz (widow of Fred) lives on the n side of Richmond Rd., ½ mile w of GH&SA Ry.[29] Obit: TDI: Mrs. H. Pilwitz, died 10/11/1914, DC #20600 DC #20600: Mrs. H. Pilwitz, died 10/11/1914
10	507	Schulze, Jodie[30]	6/9/16	✓	✓	Page is worn away after "z" in last name	✓	✓	✓	Obit: TDI: Footnote [31]
10	492	Golden, Emma [32]	4/18/16	✓	✓	Golden, Enna [lazy penman-ship]	✓	✓	✓	Obit: TDI: Fiche missing (#97)
10	473	Corbiar, Dan P.[33]	1/3/16	✓	✓	[could be Corbiai]	✓	✓	✓	Obit: TDI: Footnote [34]
11	625	Thermond, Mrs. M. V.	2/2/18	✓	✓	✓	✓	✓	✓	Obit: TDI: Footnote [35]

[28] See print of death certificate #4505 (copy in file) and decide on first name. Look for obituary first.
[29] IS SHE LISTED IN 1915 CD?
[30] Bonnie's comment: Bank Book Mrs.
[31] No date match under any Schultze of Schultz (searched all first names)
[32] Bonnie's comment: Bank Book Mrs.
[33] Bonnie's comment: Bank Book Last Name
[34] No Corb… in 12/1915 or 1/1916
[35] No date match for Thermond, Thermon, Therman, or any surname from Thelbond through Thibadeaux

Row	Bonnie (from G-Systems?)			Martha (from books, burial authorizations/permits, and library)						
	Grave	Name	Burial	Bank Book		Big Book		Burial Auth./Permit		Other/Comment
				Name	Burial	Name	Burial	Name	Burial	
12	859	Chumley, Drewey, Jr.	7/2/29	Chumley, Drewey, Jr.	✓	Chumley, Drewey, Jr.	✓	Chumley, Drewey, Jr.[36]	✓	Obit: TDI: Footnote [37]
~~12~~ 11	635	Chalamas,[38] Nick	4/30/18	Chohonas or (Chohouas), Nick	✓	Chahamas, Nick	✓	Front: Chohonas, Nick Back: Chahomas, Nick	✓	Obit: TDI: Footnote [39]
18	None									
19	None									

[36] City Permit, TX Department of Health Permit and burial authorization

[37] No C. or Chumley beginning with Drew…

[38] Bonnie's comment: Bank Book Last Name

[39] Looked at all Chal…; no Nick, no Harris, no 1918. Didn't know it was Chah . . . until after visit. Went back and looked for Chah. . . No Chohonas, no Chohouas, no Chahamas, no Chohonas, no Chahomas.

Martha Peterson

Full Name: Death Certificates
Last Name: Death
First Name: Certificates

11/19/08:

Save this site to your favorites.

http://pilot.familysearch.org/recordsearch/start.html#p=0

Click somewhere on North America.
Scroll to the bottom of the list, and select Texas Deaths, 1890-1976
FYI, in Harris County, there are almost none prior to 1910.

Select Death/Burial instead of the default "All events" to input a specific year.
Another default is "Exact and Close Match", which will give you years far away from what you specified above, but also accounts for varied spelling. Sometimes this is a good thing and sometimes it isn't. You will have to experiment with the other options, "Exact Only," and "Exact,
Close and Partial."

To print a certificate, download to a picture file so you can crop off the excessive black edges.

To capture just the transcribed data, use the Copy to Clipboard button.
Note, however, that not all relevant data have been transcribed. Some have the parents transcribed and some do not. The informant and funeral home are almost never transcribed.

Hope this helps. It's a GREAT resource!

Bernice

Satton, Senelton

Interment No.: 11394		Member No.: 6358	
Section: New Strangers Rest	Lot: 598 SS	Space:	Marker: No
Birth:	Death:	Burial: 8/25/1917	
Remarks (G-Systems):			
Source: A Night of Violence: The Houston Riot of 1917, Robert V. Haynes, Louisiana State University Press, Baton Rouge, Louisiana, 1976, p. 161.			
Contributed by: Martha Peterson, December 18, 2004			
Remarks: Quoted verbatim, except where bracketed			

[See "Riot of 1917" from the *Handbook* for summary of the events of August 23, 1917, and their aftermath. This entry is limited to the participation of Senelton Satton.]

p. 161: Meanwhile [referring to the shooting of the occupants of the car driven by Corporal Zemmie Foreman; details in entry for Corporal Melvin D. Everton], Joe Trapolino,[1] whose father operated a grocery store at the corner of Louisiana and Capitol avenues in downtown Houston, and Senator Satton,[2] a young barber who had recently moved to Houston from Shreveport, Louisiana, heard the commotion and ran in the direction of the shooting. Unlike other innocent bystanders, they were not content to remain passive spectators. Both Trapolino, who had exchanged pistols with Rufus Daniels[3] earlier in the evening, and Satton fired on the rioters. When the young barber was "shot down within six feet" of him, Trapolino ran behind the Ford and after firing two more shots with his pistol, fled into the darkness.[4]

[1] [Possibly Joseph A. Trapolino, Glenwood #14433, EA-122 NE¼ and Adj, 5/25/1936; died at age 41 from gunshot wound; Harris County Deputy Sheriff for 18 years; no record of father's burial at Glenwood.]

[2] [Glenwood burial authorization lists him as "S. Satton." Listed in Glenwood database as "Senelton" Satton.]

[3] [Glenwood E#3160, FM-080 SE¼, 8/26/1917]

[4] Source footnote: Houston *Press*, August 25, 1917; testimony of Joe Trapolina, *U.S.* v. *Nesbit*, 679-84.

Texas Deaths, 1890-1976

28827 1025-617-50M

TEXAS STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Reg. Dis. No. 22378 B.O.V.S. FORM D

Registered No. 1211

1 PLACE OF DEATH

County Harris

City Houston (No. 1718 Walker St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Deuaton Dutton

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where stillborn is given as cause of death, the birth certificate, 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. Each statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced (Write the word): Married

6 DATE OF BIRTH: Sept 28th (Month) (Day) 188[illegible] (Year)

7 AGE: 36 yrs. mos. ds.

If less than 2 years state if breast fed: Yes No

If less than 1 day: hrs. mins.

8 OCCUPATION

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): N. C. Lau

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (State or country): "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Eva Sutton

(Address) 1218 Walker Ave

15 Filed 8-25 191[illegible] T. A. Hardman Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH: Aug 22 (Month) (Day) 191[illegible] (Year)

17 I HEREBY CERTIFY, That I attended the deceased from [illegible], 191[illegible], to [illegible], 191[illegible]

that I last saw h[illegible] alive on [illegible] 191[illegible],

and that death occurred, on the date stated above, at 11[illegible] m.

The CAUSE OF DEATH* was as follows:

Gun Shot Wound

(Homicide) (Duration [illegible] yrs. [illegible] mos. [illegible] ds.)

Contributory (Secondary)

(Duration [illegible] yrs. [illegible] mos. [illegible] ds.)

(Signed) Leon Lusk M. D.

Aug 24 191[illegible] (Address) Houston

*Use International List of Cause of Death—State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death [illegible] mos. [illegible] ds. In this [illegible] yrs. [illegible] mos. [illegible] ds.

Where was disease contracted, if not at place of death? Only information

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Glenwood Cem. DATE OF BURIAL: Aug 26 191[illegible]

20 UNDERTAKER: A. J. Strong Litho Co ADDRESS

GLENWOOD CEMETERY

To: Bonnie Ambrus
Carl Young

From: Martha Peterson

Subject: New Strangers Rest

FILE COPY

Date: December 12, 2008

I've pulled death certificates on all of our "new" names except seven, which I could not find. If we can brainstorm some other possible spellings or dates, I'm hopeful most of them can be found.

I've attached a list comparing three sources: (1) Bonnie's list, (2) the index to Texas death certificates, and (3) the death certificates themselves. Note the legend at the top of the attachment explaining what different fonts, etc. mean.

Where there are discrepancies between the sources, we need to decide what is most likely true. I have not copied the death certificates because of the volume, but I think if we compare all the sources side by side we can make informed decisions. The name often appears in more than one place on the certificate (more chance to find a legible name), the death date provides corroboration for the burial date, and the relationship of the informant to the deceased makes some of the death certificates more credible than others.

MP

Attachments

GLENWOOD CEMTERY

NEW STRANGERS REST

Approved March 6, 2009

Count	Row	Grave	Name	Buried
1.	1	145	Infant of Andrew Ray	7/17/1911
2.	1	150	Infant John Orrlando	7/23/1911
3.	1	162	Felix Johnson	10/16/1911
4.	1	267	Fannie E. Lobdell	3/1/1913
5.	2	208	Peyton Carr	5/18/1912
6.	2	218	Bernadine M. Buerkle	6/29/1912
7.	2	244	Infant of Mr. and Mrs. J. L. Roberts	11/15/1912
8.	2	056	Jim Dean	5/27/1909
9.	3	160	Alexander Herbert Crassett	10/3/1911
10.	3	231	Infant of T. L. Dysard	8/13/1912
11.	3	250	Infant Mary Mitchell	12/17/1912
12.	3	278	Infant of Mrs. E. F. Mohn	5/19/1913
13.	3	307	Infant of W. T. Dauforth	9/10/1913
14.	3	213	Infant of W. V. Taylor	5/24/1912
15.	3	246	Infant of Mr. and Mrs. B. A. Roberts	11/23/1912
16.	3	305	Mrs. S. E. Siros	8/31/1913
17.	3	353	Infant Marion J. LaHeist, Jr.	3/13/1914
18.	4	178	H. B. Enos	12/29/1911
19.	4	211	Infant daughter of Mr. and Mrs. H. H. Hill	5/22/1912

From Joy
3-6-09

GLENWOOD CEMTERY

NEW STRANGERS REST

Approved March 6, 2009

Count	Row	Grave	Name	Buried
20.	4	490	Paul Hartman (Foot of)	4/5/1916
21.	4	525	Infant of Mr. and Mrs. Horatio R. Moore	9/20/1916
22.	4	422	Ray A. Faulkner	6/4/1915
23.	4	128	D. E. Loer	3/16/1911
24.	5	164	George McLeod Waugh	10/26/1911
25.	5	270	Herman Netzer	3/29/1913
26.	5	423	Infant of Mrs. R. H. Whatley	6/4/1915
27.	5	612	Infant Russell North Kussmann	10/24/1917
28.	5	621	Infant of Mr. and Mrs. J. W. Sanders	12/17/1917
29.	5	589	Infant of Mr. and Mrs. L. M. Osteen	7/23/1917
30.	6	199	Miss Lucy E. Fisher	4/22/1912
31.	6	200	Bryan Rowell	4/23/1912
32.	6	339	Mrs. J. H. B. Wilson	1/16/1914
33.	6	254	Mrs. Beaulah B. Martin	1/7/1913
34.	6	259	Childs E. Walters	1/23/1913
35.	6	319	Anna Rosson	11/12/1913
36.	7	293	Louise Fricke	7/12/1913
37.	7	298	J. T. Gregg	8/1/1913
38.	7	314	T. Cougrove	10/6/1913
39.	7	393	James Bradford	11/27/1914

GLENWOOD CEMTERY

NEW STRANGERS REST

Approved March 6, 2009

Count	Row	Grave	Name	Buried
40.	7	407	Harry Bates Pomeroy	2/16/1915
41.	8	186	Dave Foster	1/25/1912
42.	8	187	Mattie Raffiert	1/26/1912
43.	8	302	Harry O. Smith	8/11/1913
44.	8	342	Robert Perkins Green	2/6/1914
45.	8	344	Charles Hoyt	2/17/1914
46.	8	348	Peter Kennedy	3/4/1914
47.	8	349	Peter Boucher	3/5/1914
48.	8	360	Beatrice Noyes Allan	5/1/1914
49.	8	412	Virgil M. Ford	3/6/1915
50.	8	531	Mrs. W. P. Allen	10/12/1916
51.	8	664	John Bunch	10/5/1918
52.	8	763	Infant Virginia Louise Scheer	6/2/1912
53.	9	730	Infant of C. L. Boysen	11/26/1920
54.	9	481	Marie Galson	2/28/1916
55.	9	383	Helen Pillwitz	10/12/1914
56.	10	417	Alois Cerny	5/15/1915
57.	10	480	C. B. Rilniets	2/21/1916
58.	10	503	Infant of Mr. and Mrs. Tony Martino	5/20/1916
59.	10	516	H. B. Price	7/18/1916

GLENWOOD CEMTERY

NEW STRANGERS REST

Approved March 6, 2009

Count	Row	Grave	Name	Buried
60.	10	523	Fannie E. Milton	9/16/1916
61.	10	543	T. J. Smith	12/7/1916
62.	10	507	Jodie Schulze	6/9/1916
63.	10	492	Emma Golden	4/18/1916
64.	10	473	Dan P. Corbiar	1/3/1916
65.	10	625	Mrs. M. V. Thermond	2/2/1918
66.	11	556	Infant Phillis McKenzie	1/30/1917
67.	11	560	Virginia Garcia	2/19/1917
68.	11	598	Senaton Satton	8/25/1917
69.	11	635	Nick Chohonas	4/30/1918
70.	12	705	Pete Pantazapoolas	2/5/1919
71.	12	717	W. A. Golden	5/19/1917
72.	15	867	Callie A. Webb	10/31/1929
73.	15	868	Fred D. Limke	11/3/1929
74.	15	870	Infant of Mr. and Mrs. Lowell J. Langdon	5/21/1930

If the name begins with "Infant of Mr. and Mrs.," use the same size font you have been using for the date. This will enable us to have four lines for the name. The first line will be "Infant of" and the second line will be "Mr. and Mrs." If the parents' name will fit on one line, please use the smaller font anyway and center the three lines vertically. If the parents' name will not fit on two lines, please contact Martha Peterson at 713-864-7886 for instructions on how to abbreviate it. The date should be in the same size font you have been using.

Name: Mrs. S. E. Siros
Death date: 30 Aug 1913
Death place: Houston, Harris, Texas
Gender: Female
Race or color (on document):
Age at death: 37 years
Estimated birth year: 1876
Birth date:
Birth place: Kansas
Marital status: Divorced
Spouse name:
Father name: R. G. Gish
Father birth place: Illinois
Mother name:
Mother birth place:
Occupation:
Residence:
Cemetery name:
Burial place:
Burial date: 31 Aug 1913
Additional relatives:
Film number: 2050996
Digital GS number: 4165776
Image number: 264
Reference number: v 36 cn 17754
Collection: Texas Deaths, 1890-1976

~~21747~~

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.

*PLACE OF DEATH

County ... Hill

City ... Covington

(No. ... St.) ... Ward)

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

*FULL NAME ... Mr. L. E. Pinard

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. 1431

17754

*PERSONAL AND STATISTICAL PARTICULARS

*SEX: Male

*COLOR OR RACE: White

*SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Married

*DATE OF BIRTH ... (Month) ... (Day) ... (Year)

*AGE: 37 yrs. ... mos. ... da.

*OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer): Farm

*BIRTHPLACE (State or country): Texas

PARENTS

*NAME OF FATHER: W. A. Pinard

*BIRTHPLACE OF FATHER (State or country): Ark.

*MAIDEN NAME OF MOTHER:

*BIRTHPLACE OF MOTHER (State or country):

*I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) ...

(Address) ...

Filed ... 191... OSWALD C. GERHARDT, Registrar

MEDICAL PARTICULARS

*DATE OF DEATH: Aug (Month) 2 (Day) 1913 (Year)

I HEREBY CERTIFY, that I attended deceased from ... 191... to ... 191...

that I last saw him alive on ... 191...

and that death occurred on the date stated above at ... m.

The CAUSE OF DEATH* was as follows:

Pistol shot wound self-inflicted with suicidal intent

(Duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary): ...

(Duration) ... yrs. ... mos. ... da.

(Signed) John H. Brewster M.D.

191... (Address) Hico

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

*LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS.)
At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.
Where was disease contracted if not at place of death?
Former or usual residence ...

*PLACE OF BURIAL OR REMOVAL: Hico

DATE OF BURIAL: Aug 21, 1913

*UNDERTAKER: ...

ADDRESS: ...

... WES COMPANY, PRINTERS, AUSTIN 2300-912-50m

Name: Phillis Mckenzie
Death date: 29 Jan 1917
Death place: Houston, Harris, Texas
Gender: Female
Race or color (on document): white
Age at death: 1 month 15 days
Estimated birth year:
Birth date: 14 Dec 1916
Birth place: Houston, Tex.
Marital status: Single
Spouse name:
Father name: Kenneth J. Mckenzie
Father birth place: Houston
Mother name: Annie Laura Garfeild
Mother birth place: Florida
Occupation: Child
Residence:
Cemetery name:
Burial place: Glenwood
Burial date: 30 Jan 1917
Additional relatives: X
Film number: 2051761
Digital GS number: 4166228
Image number: 753
Reference number: cn 1961
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

0758

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where ditto is given as cause of death, the Birth certificate. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 PLACE OF DEATH — TEXAS STATE BOARD OF HEALTH — 3195-616-50M
Bureau of Vital Statistics
STANDARD CERTIFICATE OF DEATH
Registered No. 226
1961

County: Harris
City: Houston (No. ..... St.; ..... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME: Phillis McKenzie

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 Color or Race: White
5 Single, Married, Widowed, or Divorced (Write the word): Single
6 DATE OF BIRTH: Dec (Month) 14 (Day) 1916 (Year)
7 AGE: ... yrs. 1 mos. 15 ds. If less than 2 years state if breast fed: Yes ... No ... If less than 1 day: ... hrs. ... mins.
8 OCCUPATION: (a) Trade, profession or particular kind of work: Child. (b) General nature of industry, business, or establishment in which employed (or employer): .....
9 BIRTHPLACE (State or country): Houston Tex
PARENTS
10 NAME OF FATHER: Kenneth J. McKenzie
11 BIRTHPLACE OF FATHER (State or country): Houston
12 MAIDEN NAME OF MOTHER: Annie Laura Horsley
13 BIRTHPLACE OF MOTHER (State or country): Florida
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. McKenzie
(Address) Houston Tex.
15 Filed Jan 30 1917 ... Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH: Jan (Month) 29 (Day) 1917 (Year)
17 I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...
and that death occurred on the date stated above, at 9 p.m.
The CAUSE OF DEATH* was as follows:
Pneumonia
(Duration ... yrs. ... mos. ... ds.)
Contributory (Secondary) ..... (Duration ... yrs. ... mos. ... ds.)
(Signed) Dr. W. Rainey M. D.
1/29 191... (Address) Houston

*Use International List of Cause of Death—State the Disease causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Glenwood — DATE OF BURIAL: 1/30 19...
20 UNDERTAKER: Houston Undt Co — ADDRESS: Houston

Name: George Mcleod Wangle
Death date: 26 Oct 1911
Death place: Houston, Harris Co., Texas
Gender: Male
Race or color (on document): White
Age at death: 2 years 26 days
Estimated birth year:
Birth date: 30 Sep 1909
Birth place: Galveston, Tex
Marital status: Single
Spouse name:
Father name: T.L. Wangle
Father birth place: Ark.
Mother name: Ida Bell Hunlock
Mother birth place: Texas
Occupation:
Residence:
Cemetery name: Glenwood Ceme
Burial place:
Burial date: 26 Oct 1911
Additional relatives:
Film number: 2050542
Digital GS number: 4165856
Image number: 2204
Reference number: cn 22123
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

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.

[1] PLACE OF DEATH 17848

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. 1485

22123

County Harris

City Houston

(No. 1518 Caroline St.; 3d Ward)

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

[2] FULL NAME George McLeod Waugh

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX	[4] COLOR OR RACE	[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	White	Single

[6] DATE OF BIRTH: Sept (Month) 30 (Day) 1909 (Year)

[7] Age: 2 yrs. 26 mos. da.

[8] OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business or establishment in which employed (or employer): —

[9] BIRTHPLACE (State or country): Galveston Tex

PARENTS

[10] NAME OF FATHER: T. L. Waugh

[11] BIRTHPLACE OF FATHER (State or country): Ark.

[12] MAIDEN NAME OF MOTHER: Ida Bell Hurlock

[13] BIRTHPLACE OF MOTHER (State or country): Texas

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) T. L. Waugh

(Address) 1518 Caroline

Filed 10/26 191. OSWALD C. GERHARD Registrar

MEDICAL PARTICULARS

[15] DATE OF DEATH: Oct (Month) 26 (Day) 191 1 (Year)

[16] I HEREBY CERTIFY, that I attended deceased from ..... 191 .. to ..... 191 .. that I last saw h ..... alive on ..... 191 .. and that death occurred on the date stated above, at 3-30 m.

The CAUSE OF DEATH* was as follows:

Tetanus

(Duration) ..... yrs. ..... mos. ..... da.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) H. T. Allen M. D.

..... 191.... (Address) .....

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

[17] LENGTH OF RESIDENCE (For Hospitals, Institutions, Travelers, or Recent Residents).
At place of death .... yrs .... mos .... da. In the State .... yrs .... mos .... da.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

[18] PLACE OF BURIAL OR REMOVAL: Glenwood Cem. | DATE OF BURIAL: Oct 26, 191 1

[19] UNDERTAKER: Bellegard & Kopf | ADDRESS

VON BOECKMANN-JONES COMPANY, PRINTERS, AUSTIN 415-811-50m.

Name: Taylor
Death date: 04 May 1912
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document): white
Age at death:
Estimated birth year:
Birth date: 04 May 1912
Birth place: Texas
Marital status: Single
Spouse name:
Father name: W. V. Taylor
Father birth place: Tex.
Mother name: C. Straweth
Mother birth place: Germany
Occupation:
Residence:
Cemetery name: Glenwood Cem.
Burial place:
Burial date: 04 May 1912
Additional relatives: X
Film number: 2050767
Digital GS number: 4165867
Image number: 1973
Reference number: CN13046
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

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.

19181

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. 783

13046

*PLACE OF DEATH

County Harris

City Houston

(No. Looney St. 2 Ward)

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

*FULL NAME Infant of Mr & Mrs W V Taylor

PERSONAL AND STATISTICAL PARTICULARS

*SEX: Male

*COLOR OR RACE: White

*SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

*DATE OF BIRTH: May (Month) 4 (Day) 1912 (Year)

*AGE: Stillborn ... da.

*OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business or establishment in which employed (or employer):

*BIRTHPLACE (State or country): Tex

PARENTS

*NAME OF FATHER: W V Taylor

*BIRTHPLACE OF FATHER (State or country): Tex

*MAIDEN NAME OF MOTHER: C Strauth

*BIRTHPLACE OF MOTHER (State or country): Germany

*THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W V Taylor

(Address)

Filed ... 191 ... Registrar

MEDICAL PARTICULARS

*DATE OF DEATH: May (Month) 4 (Day) 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from ... 191 ... to ... 191 ...

that I last saw h ... alive on ... 191 ...

and that death occurred on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows: Still Born

(Duration) ... yrs. ... mos. ... da.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... da.

(Signed) Wm Lohmueller M. D.

5/4 ... 1912 (Address) Houston

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

*LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence.

*PLACE OF BURIAL OR REMOVAL: Glenwood Cem

DATE OF BURIAL: 5/4 ... 1912

*UNDERTAKER: E Wright

ADDRESS: Houston

VON BOECKMANN-JONES COMPANY, PRINTERS, AUSTIN 1344-1211-50m

Name: Russell North Kussmann
Death date: 24 Oct 1917
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document): white
Age at death: 28 days
Estimated birth year: 1917
Birth date:
Birth place: Houston, Tex.
Marital status: Single
Spouse name:
Father name: F. W. Kussmann
Father birth place: La.
Mother name: Mary Brascher
Mother birth place: La.
Occupation: None
Residence: Texas
Cemetery name:
Burial place: Glenwood
Burial date: 24 Oct 1917
Additional relatives: X
Film number: 2051961
Digital GS number: 4165796
Image number: 1536
Reference number:
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

28359 1025-617-50M

TEXAS STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

B.O.V.S. FORM D

Reg. Dis. No. ..... Registered No. 1483

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillborn is given as cause of Death, file birth certificate. 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.

1 PLACE OF DEATH

County Harris

City Houston (No. Baptist Sanitarium Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Brandt Hattie Kussmann

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced (Write the word): Child

6 DATE OF BIRTH: ..... (Month) ..... (Day) 28 (1) (Year)

7 AGE: ..... yrs. ..... mos. 28 ds.

If less than 2 years state if breast fed: Yes ..... No. Fed

If less than 1 day: ..... hrs. ..... mins.

8 OCCUPATION

(a) Trade, profession or particular kind of work: Ford

(b) General nature of industry, business or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Houston Tex

PARENTS

10 NAME OF FATHER: F. H. Kussmann

11 BIRTHPLACE OF FATHER (State or country): La.

12 MAIDEN NAME OF MOTHER: Mary Braecher

13 BIRTHPLACE OF MOTHER (State or country): La.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. H. Kussmann

(Address) Houston Tex

15 .....

Filed 10-24 1917

Registrar

HEALTH OFFICER

MEDICAL PARTICULARS

16 DATE OF DEATH: Oct (Month) 24 (Day) 1917 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Sep 27 1917 to Oct 24 1917 that I last saw living on Oct 24 1917 and that death occurred, on the date stated above, at 8 A.M. m.

The CAUSE OF DEATH* was as follows: Thalassemia Pernicious Anemia

(Duration ..... yrs. ..... mos. 28 ds.)

Contributory (Secondary) .....

(Duration ..... yrs. ..... mos. 28 ds.)

(Signed) Dr. C. P. Carey M. D.

Oct 24th 1917 (Address) 8th Floor Rice Bldg.

*Use International List of Cause of Death—State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. 28 ds. In the State ..... yrs. ..... mos. 28 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Glenwood — DATE OF BURIAL: 10/24 1917

20 UNDERTAKER: Earthman & McCarty — ADDRESS: 1011 Hiram

E. C. ATKINS, Austin

Name: Herman Netzer
Death date: 21 Mar 1913
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document): White
Age at death: About 45 years
Estimated birth year: 1868
Birth date:
Birth place:
Marital status: Unknown
Spouse name:
Father name:
Father birth place:
Mother name:
Mother birth place:
Occupation: Barber
Residence:
Cemetery name: German
Burial place:
Burial date: 1913
Additional relatives:
Film number: 2050943
Digital GS number: 4165767
Image number: 1532
Reference number: cn 6264
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

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.

20098

~~17183~~

PLACE OF DEATH

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. 516

County Harris

City Houston

(No. 411 Congress St.; 3rd Ward)

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

6264

FULL NAME Herman Metzer

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	White	Not Known

DATE OF BIRTH ..... (Month) ..... (Day) ..... (Year)

AGE about 45 yrs. ..... mos. ..... da.

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

BIRTHPLACE (State or country) Not Known

PARENTS

NAME OF FATHER "

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

Filed ..... OSWALD C. GERHARDT. ..... Registrar

MEDICAL PARTICULARS

DATE OF DEATH March 21st 1918 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from ..... 191... to ..... 191...

that I last saw h... alive on ..... 191...

and that death occurred on the date stated above at a m.

The CAUSE OF DEATH* was as follows:

Accidental

Drowning (Duration) yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) John H. Crim, J. MD

191... (Address) .....

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

LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS.)
At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.
Where was disease contracted if not at place of death?
Former or usual residence

PLACE OF BURIAL OR REMOVAL Lemman

DATE OF BURIAL ..... 191...

UNDERTAKER Edd L. Wright

ADDRESS

VON BOECKMANN-JONES COMPANY, PRINTERS, AUSTIN 2309-912-50m

Name: J. T. Gregg
Death date: 31 Jul 1913
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document):
Age at death: 67 years
Estimated birth year: 1846
Birth date:
Birth place: Kentucky
Marital status: Married
Spouse name:
Father name:
Father birth place:
Mother name:
Mother birth place:
Occupation: Retired
Residence:
Cemetery name: Glenwood Cemetery
Burial place:
Burial date: 01 Aug 1913
Additional relatives:
Film number: 2050946
Digital GS number: 4165775
Image number: 1276
Reference number: v 32 cn 15556
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

837
~~9077~~

20150

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.

¹PLACE OF DEATH

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. 1270

County Harris

City Houston

(No. 2 Milam) (Capital 4) (Ward)

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

15556

²FULL NAME J. T. Gregg

PERSONAL AND STATISTICAL PARTICULARS

³SEX: Male

⁴COLOR OR RACE: White

⁵SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Married

⁶DATE OF BIRTH: Nov 7 (Month) (Day) (Year)

⁷AGE: 67 yrs. mos. ds.

⁸OCCUPATION (a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business or establishment in which employed (or employer):

⁹BIRTHPLACE (State or country): Texas

PARENTS

¹⁰NAME OF FATHER —

¹¹BIRTHPLACE OF FATHER (State or country) —

¹²MAIDEN NAME OF MOTHER —

¹³BIRTHPLACE OF MOTHER (State or country) —

¹⁴I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed 8/1/43 [illegible] Registrar

MEDICAL PARTICULARS

¹⁵DATE OF DEATH: July (Month) 31 (Day) 1943 (Year)

17 I HEREBY CERTIFY, that I attended deceased from [illegible] 191 to [illegible] 191

that I last saw h[illegible] alive on [illegible] 191

and that death occurred on the date stated above at 4:45 p.m.

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(Duration) yrs. mos. ds.

Contributory (Secondary) Nephritis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

8/1 1943 (Address) Houston

¹⁶State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

¹⁷LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS.)

At place of death [illegible] yrs. [illegible] mos. [illegible] ds. In the State [illegible] yrs. [illegible] mos. [illegible] ds.

Where was disease contracted if not at place of death?

Former or usual residence

¹⁸PLACE OF BURIAL OR REMOVAL: Glenwood Cem

DATE OF BURIAL: 8/1 1943

¹⁹UNDERTAKER: [illegible] & Co

ADDRESS: Houston

VON BOECKMANN-JONES COMPANY, PRINTERS, AUSTIN

2309-012-50m

Name: Senaton Satton
Death date: 23 Aug 1917
Death place: Houston, Harris Co., Texas
Gender: Male
Race or color (on document): W
Age at death: 31 years
Estimated birth year:
Birth date: 28 Sep 1886
Birth place: La
Marital status: Married
Spouse name:
Father name:
Father birth place:
Mother name:
Mother birth place:
Occupation: Barber
Residence:
Cemetery name: Glenwood
Burial place:
Burial date: 26 Aug 1917
Additional relatives:
Film number: 2051959
Digital GS number: 4165799
Image number: 2152
Reference number: cn 22378
Collection: Texas Deaths, 1890-1976

Name: W. A. Golden
Death date: 19 May 1919
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document): white
Age at death: 55 years 7 months 7 days
Estimated birth year:
Birth date: 26 Dec 1864
Birth place: Houston
Marital status: Married
Spouse name:
Father name: W. A. Golden
Father birth place: Louisiana
Mother name:
Mother birth place:
Occupation: Painter
Residence:
Cemetery name: Glen Wood
Burial place:
Burial date: 19 May 1919
Additional relatives: X
Film number: 2073633
Digital GS number: 4168767
Image number: 737
Reference number: cn16112
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT R

Where Stillborn is given as cause of Death, file birth certificate. 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.

1 PLACE OF DEATH 20585 TEXAS STATE BOARD OF HEALTH
County Harris
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH
Reg. Dis. No. 16112 9108
Registered No.
FORM D
City Houston (No. 1529 Emerald St.; 5 Ward)

2 FULL NAME W A Golden (a) RESIDENCE. No. 1529 St. Emerald
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 55 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

6 DATE OF BIRTH Dec (Month) 26 (Day) 1864 (Year)

7 AGE 55 yrs. 7 mos. 7 ds.
If less than 2 years state if breast fed: Yes No
If less than 1 day: hrs. mins.

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

9 BIRTHPLACE (State or country) Houston

PARENTS
10 NAME OF FATHER W. A. Golden
11 BIRTHPLACE OF FATHER (State or country) Louisiana
12 MAIDEN NAME OF MOTHER Don't Know
13 BIRTHPLACE OF MOTHER (State or country) Don't Know

14 THE ABOVE IS TRUE
(Informant) Robert Golden
(Address) Houston Tx

15 Filed 5/19/19 191 L B Tolive Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH May (Month) 19 (Day) 1919 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1919, to May 18, 1919
that I last saw he alive on 18 day May, 1919
and that death occurred, on the date stated above, at 3:45 a.m.
The CAUSE OF DEATH* was as follows:
Influenza
(duration) yrs. mos. 10 ds.
Contributory (Secondary) Acute Pneumonia
(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) J. E. Mullen, M. D.
May 19, 1919 (Address) Houston Texas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for State Statutes.)

19 PLACE OF BURIAL OR REMOVAL Glenwood — DATE OF BURIAL 5/19 1919
20 UNDERTAKER Lid & Co. — ADDRESS 1219 Prairie

E. L. STEEN, AUSTIN 479-319-100M

Name: Infant Laheist
Death date: 13 Mar 1914
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document):
Age at death: 2 days
Estimated birth year:
Birth date: 11 Mar 1914
Birth place: Houston, Harris, Texas
Marital status: Single
Spouse name:
Father name: M. J. Laheist
Father birth place:
Mother name:
Mother birth place:
Occupation:
Residence:
Cemetery name: Glenwood
Burial place:
Burial date: 13 Mar 1914
Additional relatives:
Film number: 2051077
Digital GS number: 4165769
Image number: 1841
Reference number:
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

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.

20133 3rd Ward

*PLACE OF DEATH

Texas State Board of Health 5824

STANDARD CERTIFICATE OF DEATH

Registered No. 387

County Harris

City Houston

(No. 708 Pearl St.; 4 (Ward)

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

DEATH OUTSIDE HOUSTON.

*FULL NAME (Infant) Marian J. LaHeist Jr.

PERSONAL AND STATISTICAL PARTICULARS

*SEX: Male

*COLOR OR RACE: white

*SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write Last Word): Single

*DATE OF BIRTH: Mar. 11 (Month) (Day) 1914 (Year)

*AGE: yrs mos 2 da.

*OCCUPATION (a) Trade, profession, or particular kind of work: Child

(b) General nature of industry, business or establishment in which employed (or employer):

*BIRTHPLACE (State or country): Houston Tex

PARENTS

*NAME OF FATHER: M. J. LaHeist

*BIRTHPLACE OF FATHER (State or country):

*MAIDEN NAME OF MOTHER:

*BIRTHPLACE OF MOTHER (State or country):

*I HEREBY CERTIFY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed ... 19... O. C. Whitehead Registrar

MEDICAL PARTICULARS

*DATE OF DEATH: Mar (Month) 16 (Day) 19 4 (Year)

I HEREBY CERTIFY, that I attended deceased from ... 19... to ... 19...

that I last saw h... alive on ... 19...

and that death occurred on the date stated above at 7A ... m.

The CAUSE OF DEATH* was as follows: Premature Birth.

(Duration) ... yrs ... mos ... da.

CONTRIBUTORY (Secondary)

(Duration) ... yrs ... mos ... da.

(Signed) J. M. Boyles, M. D.

3/13 19 4 (Address) Houston Tex

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

*LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS.)

At place of death ... yrs ... mos ... da. In the State ... yrs ... mos ... da.

Where was disease contracted if not at place of death?

Former or usual residence

*PLACE OF BURIAL OR REMOVAL: Glenwood Cem

DATE OF BURIAL: 3/13 19 4

*UNDERTAKER: Wright & Co

ADDRESS: Houston

VON BOECKMANN-JONES CO., PRINTERS, AUSTIN

2309-012-50m

Name: Roberts
Death date: 22 Nov 1912
Death place: Houston Hights, Harris, Texas
Gender: Male
Race or color (on document): White
Age at death:
Estimated birth year:
Birth date: 22 Nov 1912
Birth place:
Marital status:
Spouse name:
Father name: B. A. Roberts
Father birth place: Iowa
Mother name: Rosa Hammonds
Mother birth place: Indiana
Occupation:
Residence:
Cemetery name:
Burial place: Glenwood
Burial date: 23 Nov 1912
Additional relatives:
Film number: 2050833
Digital GS number: 4165763
Image number: 1594
Reference number: cn 25579
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

19067

'PLACE OF DEATH

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. 6938

25579

County Harris

City Houston Heights

(No. 1023 Arlington St.; Ward)

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

*FULL NAME Infant Son of Mr & Mrs. B. A. Roberts

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.

PERSONAL AND STATISTICAL PARTICULARS

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

*DATE OF BIRTH 11 (Month) 22 (Day) 1922 (Year)

*Age 0 yrs. 0 mos. 0 ds.

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

*BIRTHPLACE (State or country) Harris

PARENTS

*NAME OF FATHER B. A. Roberts

*BIRTHPLACE OF FATHER (State or country) Iowa

*MAIDEN NAME OF MOTHER Ben Hammond

*BIRTHPLACE OF MOTHER (State or country) Indian

*I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B. A. Roberts

(Address) 1023 Arlington

Filed ..... 191.. OSWALD C. GERHARDT, [illegible]

MEDICAL PARTICULARS

*DATE OF DEATH 11 (Month) 22 (Day) 1922 (Year)

I HEREBY CERTIFY, that I attended deceased from ..... 191.. to ..... 191..

that I last saw h ..... alive on ..... 191..

and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows: Stillborn

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Fowler, M. D.

..... 191.. (Address) .....

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

*LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

*PLACE OF BURIAL OR REMOVAL Glenwood

DATE OF BURIAL 11/22 191..

*UNDERTAKER SID WESTHEIMER CO.

ADDRESS

VON BOECKMANN CO. [illegible] 1344 1211 60m.

Name: Alexander Herbert Crassett
Death date: 02 Oct 1911
Death place: Houston Heights, Harris Co., Texas
Gender: Male
Race or color (on document): White
Age at death: 2 days
Estimated birth year:
Birth date: 30 Sep 1911
Birth place: Houston Heights
Marital status:
Spouse name:
Father name: O.H. Crassett
Father birth place: Milane County, Tex.
Mother name: Willmer James
Mother birth place: Hilton, Tex.
Occupation:
Residence:
Cemetery name: Glenwood
Burial place:
Burial date: 03 Oct 1911
Additional relatives:
Film number: 2050542
Digital GS number: 4165856
Image number: 2297
Reference number: cn 22214
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

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.

392 / 4 1 / 14900

Dr Duncan

*PLACE OF DEATH

Texas State Board of Health

NON-RESIDENT

STANDARD CERTIFICATE OF DEATH

County Harris

City Houston Heights

Registered No. 1394

(No. 602 - 15th St.; Ward)

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

22214

*FULL NAME Alexander Herbert Garrett

PERSONAL AND STATISTICAL PARTICULARS

*SEX: Male

*COLOR OR RACE: White

*SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word):

*DATE OF BIRTH: Sept (Month) 30 (Day) 1911 (Year)

*Age: 0 yrs. 0 mos. 2 ds.

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

*BIRTHPLACE (State or country): Houston Heights

PARENTS

*NAME OF FATHER: O H Garrett

*BIRTHPLACE OF FATHER (State or country): Milam Co Tex

*MAIDEN NAME OF MOTHER: Miss Wilmer James

*BIRTHPLACE OF MOTHER (State or country): Wilton La

*I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): O H Garrett

(Address): 602 - 15th St H H

Filed 10/3 1911 EWALD C GERLACH Registrar

MEDICAL PARTICULARS

*DATE OF DEATH: Oct (Month) 2 (Day) 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from ... 191... to ... 191...

that I last saw h... alive on Oct 1st 1911

and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Congestion of Brain

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) Dysentery Acute

(Duration) 5 yrs. ... mos. ... ds.

(Signed) J. L. Duncan M. D.

191... (Address)

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

*LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

*PLACE OF BURIAL OR REMOVAL: Glenwood

DATE OF BURIAL: Oct 3 1911

*UNDERTAKER: Oakman Mort Co

ADDRESS: 410 Dyer

VON BOECKMANN-JONES COMPANY, PRINTERS, AUSTIN 1584-410-50m.

Name: W. N. Lewis
Death date: 20 Jan 1912
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document): w
Age at death: 49 years
Estimated birth year: 1863
Birth date:
Birth place:
Marital status: Married
Spouse name:
Father name:
Father birth place:
Mother name:
Mother birth place:
Occupation:
Residence:
Cemetery name: Glenwood
Burial place:
Burial date: 21 Jan 1912
Additional relatives:
Film number: 2050544
Digital GS number: 4165864
Image number: 3077
Reference number: v X cn 1426
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

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.

PLACE OF DEATH 1726

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. 106

County Harris

City Houston

(No. St. Joseph's Inf. (Ward)

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

1426

FULL NAME W. H. Lewis

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Not known (Month) (Day) (Year)

AGE 69 yrs. mos. da.

OCCUPATION
(a) Trade, profession, or particular kind of work: Not known
(b) General nature of industry, business or establishment in which employed (or employer): " "

BIRTHPLACE (State or country): " "

PARENTS

NAME OF FATHER: " "

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed 1/21, 1921 OSWALD C. GERHARDT Registrar

MEDICAL PARTICULARS

DATE OF DEATH Jan. 20 (Month) (Day) 1921 (Year)

I HEREBY CERTIFY, that I attended deceased from ..... 191 ..... to ..... 191 ..

that I last saw h ..... alive on ..... 191 ...

and that death occurred on the date stated above, at 7.10 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. da.

Contributory (Secondary) (Duration) yrs. mos. da.

(Signed) Ed Wright M. D.

191 ... (Address)

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

LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death .... yrs .... mos .... da. In the State .... yrs .... mos .... da.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Glenwood Cem. DATE OF BURIAL Jan 21, 1921

UNDERTAKER Settegast-Koffe ADDRESS

VON BOECKMANN-JONES COMPANY, PRINTERS, AUSTIN 415-311 50m.

Name: Harry O. Smith
Death date: 09 Aug 1913
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document):
Age at death: 17 years
Estimated birth year: 1896
Birth date:
Birth place: Texas
Marital status: Single
Spouse name:
Father name: Dr. A. B. Smith
Father birth place:
Mother name: Sussa Orr
Mother birth place: Georgia
Occupation:
Residence:
Cemetery name: Glenwood
Burial place:
Burial date: 10 Aug 1913
Additional relatives:
Film number: 2050996
Digital GS number: 4165776
Image number: 263
Reference number: v 36 cn 17753
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

~~21063~~

20777

PLACE OF DEATH

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. 1331

17753

County Harris

City Houston

(No. Sam Sut Hospital St., Ward)

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

FULL NAME Harry D. Smith

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.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

DATE OF BIRTH: ..... (Month) ..... (Day) ..... (Year)

AGE: 17 yrs. ..... mos. ..... ds.

OCCUPATION
(a) Trade, profession, or particular kind of work: R. R Employee
(b) General nature of industry, business or establishment in which employed (or employer): .....

BIRTHPLACE (State or country): Texas

PARENTS

NAME OF FATHER: Dr A. B. Smith

BIRTHPLACE OF FATHER (State or country): .....

MAIDEN NAME OF MOTHER: Susa Orr

BIRTHPLACE OF MOTHER (State or country): Georgia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. S. Orr

(Address) Hillsborough Texas

Filed ..... 191..... REGISTRAR

OSWALD C. GERHARDT

MEDICAL PARTICULARS

DATE OF DEATH: 8 (Month) 9 (Day) 191 3 (Year)

I HEREBY CERTIFY, that I attended deceased from ..... 191..... to ..... 191.....

that I last saw h ..... alive on ..... 191.....

and that death occurred on the date stated above at 10 20 a. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. F. Dandson M. D.

9/10 191 3 (Address) Sam Sut Hospital

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

LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

PLACE OF BURIAL OR REMOVAL: Glenwood

DATE OF BURIAL: 9/10 191 3

UNDERTAKER: ESTHEIMER CO.

ADDRESS .....

EDCR

BAUMANN-JONES COMPANY, PRINTERS, AUSTIN

2300-912-50m

Name: Mr. Peater Boucher
Death date: 24 Feb 1914
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document):
Age at death: 49 years
Estimated birth year: 1865
Birth date:
Birth place: Michigan
Marital status: Widowed
Spouse name:
Father name:
Father birth place:
Mother name:
Mother birth place:
Occupation: Carpenter
Residence:
Cemetery name: Glenwood
Burial place:
Burial date:
Additional relatives:
Film number: 2050999
Digital GS number: 4165772
Image number: 2965
Reference number:
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

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.

10225

¹PLACE OF DEATH

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

County Harris

City Houston

Registered No. 347

(No. 2100 Travis St. Ward)

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

3694

¹FULL NAME Mr Peater Boucher

PERSONAL AND STATISTICAL PARTICULARS

²SEX: Male

³COLOR OR RACE: White

⁴SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Widower

⁵DATE OF BIRTH: About Aug 30 (Month) (Day) (Year)

⁶AGE: About 49 yrs. mos. ds.

⁷OCCUPATION (a) Trade, profession, or particular kind of work: Carpenter for

(b) General nature of industry, business or establishment in which employed (or employer): RR Shop

⁸BIRTHPLACE (State or country): Mich

PARENTS

⁹NAME OF FATHER: Not Known

¹⁰BIRTHPLACE OF FATHER (State or country):

¹¹MAIDEN NAME OF MOTHER:

¹²BIRTHPLACE OF MOTHER (State or country):

¹³I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

¹⁴ Filed FEB 26 1914, 191.... REGISTRAR

MEDICAL PARTICULARS

¹⁵DATE OF DEATH: Feb (Month) 24 (Day) 191 4 (Year)

¹⁶ I HEREBY CERTIFY, that I attended deceased from ... 191.... to 2-24 1914 191....

that I last saw h... alive on 2-24 1914 191....

and that death occurred on the date stated above at 2 p m.

¹⁷The CAUSE OF DEATH* was as follows:

(a) Endocarditis Contagious

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) N. E. McNeal, M. D.

2-25 191.... (Address)

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

¹⁸LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted if not at place of death?

Former or usual residence

¹⁹PLACE OF BURIAL OR REMOVAL: Glenwood

DATE OF BURIAL: ... 191....

²⁰UNDERTAKER: Eckhardt & Co.

ADDRESS

VON BOECKMANN-JONES COMPANY, PRINTERS, AUSTIN 2303-912-50m

Name: Charles Hoyt
Death date: 16 Feb 1914
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document):
Age at death: 75 years
Estimated birth year:
Birth date: 18 Feb 1839
Birth place: Georgia
Marital status: Single
Spouse name:
Father name:
Father birth place:
Mother name:
Mother birth place:
Occupation: R.R.
Residence:
Cemetery name: Glenwood
Burial place:
Burial date:
Additional relatives:
Film number: 2050999
Digital GS number: 4165772
Image number: 2847
Reference number:
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

MARGIN RESERVED FOR BINDING

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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be very important.

The CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION

PLACE OF DEATH

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. 281

County Harris

City Houston

(No. 209 Austin Ward)

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

*FULL NAME Charles Dayt 209 Austin 3577

PERSONAL AND STATISTICAL PARTICULARS

*SEX: Mal

*COLOR OR RACE: White

*SINGLE, ~~MARRIED~~, ~~WIDOWED~~ OR DIVORCED (Write the Word.): Single

*DATE OF BIRTH: Feb (Month) 18 (Day) 1839 (Year)

*AGE: 75 yrs. mos. ds.

*OCCUPATION (a) Trade, profession, or particular kind of work: R.R. Engr

(b) General nature of industry, business or establishment in which employed (or employer): Retired

*BIRTHPLACE (State or country): Germany

PARENTS

*NAME OF FATHER: [illegible]

*BIRTHPLACE OF FATHER (State or country): [illegible]

*MAIDEN NAME OF MOTHER: [illegible]

*BIRTHPLACE OF MOTHER (State or country): [illegible]

*I HEREBY CERTIFY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): [illegible]

(Address): [illegible]

Filed FEB 16 1914 191..

Registrar

MEDICAL PARTICULARS

*DATE OF DEATH: Feb (Month) 16 (Day) 1914 (Year)

I HEREBY CERTIFY, that I attended deceased from ..... 191.. to ..... 191..

that I last saw h.. alive on ..... 191..

and that death occurred on the date stated above at ..... m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) 2 yrs. mos. ds.

(Signed) W. H. Martin M. D.

191.. (Address) [illegible]

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.

*LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

*PLACE OF BURIAL OR REMOVAL: Glenwood

DATE OF BURIAL: ..... 191..

*UNDERTAKER: Rothermel & Kopf

ADDRESS

E. L. Steck, Printing, Bookbinding, Austin 391-612-50M

Name: Mr. Robert Peakins Green
Death date: 05 Feb 1914
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document):
Age at death: 71 years 5 months 13 days
Estimated birth year:
Birth date: 22 Aug 1842
Birth place: Washington County, Pennsylvania
Marital status: Married
Spouse name:
Father name: Jasper Green
Father birth place: Pennsylvania
Mother name: Miss Augelette Fraier
Mother birth place: Pennsylvania
Occupation: Retired
Residence:
Cemetery name:
Burial place: Columbus, Ohio – overwritten with Glenwood?
Burial date:
Additional relatives:
Film number: 2050999
Digital GS number: 4165772
Image number: 2839
Reference number:
Collection: Texas Deaths, 1890-1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH INPADING 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.

PLACE OF DEATH

County Harris

City Houston Texas

(No. 5 Bastet Ave. St.) (Ward)

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

*FULL NAME Mr Robert Perkins Green

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. 216

3569

PERSONAL AND STATISTICAL PARTICULARS

*SEX: Male

*COLOR OR RACE: White

*SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

*DATE OF BIRTH: Aug (Month) 2nd (Day) 1842 (Year)

*AGE: 71 yrs. 5 mos. 13 ds.

*OCCUPATION (a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business or establishment in which employed (or employer):

*BIRTHPLACE (State or country): Washington Co Penn

PARENTS

*NAME OF FATHER: Jasper Green

*BIRTHPLACE OF FATHER (State or country): Penn

*MAIDEN NAME OF MOTHER: Mrs Angeline Fraser

*BIRTHPLACE OF MOTHER (State or country): Penn

*I HEREBY CERTIFY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Emiana Shields

(Address) West Bonnell Farms

Filed FEB 1914 Houston Texas

Registrar

MEDICAL PARTICULARS

*DATE OF DEATH: Feby (Month) 5 (Day) 1914 (Year)

I HEREBY CERTIFY, that I attended deceased from ..... 191..., to ..... 191...

that I last saw him ..... alive on ..... 191...

and that death occurred on the date stated above at 12 M

The CAUSE OF DEATH* was as follows:

Senile Debility

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elwood Wright M. D.

Feby 5 1914 (Address) Houston Texas

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

*LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

*PLACE OF BURIAL, OR REMOVAL: Columbus Ohio

DATE OF BURIAL: ..... 191...

*UNDERTAKER: Eastman & McCarty

ADDRESS

VON BOECKMANN-JONES COMPANY, PRINTERS, AUSTIN 2300-912-50m

Name: Peter Kennedy
Death date: 03 Mar 1914
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document):
Age at death: 79 years
Estimated birth year: 1835
Birth date:
Birth place:
Marital status: Married
Spouse name:
Father name:
Father birth place:
Mother name:
Mother birth place:
Occupation:
Residence:
Cemetery name: Glenwood
Burial place:
Burial date: 05 Mar 1914
Additional relatives:
Film number: 2051077
Digital GS number: 4165769
Image number: 1809
Reference number:
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

A.G. Haggard - Hall 202

2 V 238

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. 375

5793

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.

*PLACE OF DEATH

County Harris

City Houston

(No. 81 Joseph St. 21 Ward)

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

*FULL NAME Peter Kennedy

PERSONAL AND STATISTICAL PARTICULARS

*SEX: Male

*COLOR OR RACE: white

*SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the Word.): Single

*DATE OF BIRTH: ..... (Month) ..... (Day) ..... (Year)

*AGE: about 71 yrs. ..... mos. ..... ds.

*OCCUPATION
(a) Trade, profession, or particular kind of work: .....
(b) General nature of industry, business or establishment in which employed (or employer): .....

*BIRTHPLACE (State or country): .....

PARENTS

*NAME OF FATHER: .....

*BIRTHPLACE OF FATHER (State or country): .....

*MAIDEN NAME OF MOTHER: .....

*BIRTHPLACE OF MOTHER (State or country): .....

*I HEREBY CERTIFY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): .....

(Address): .....

Filed ..... 19.. .....
Registrar

MEDICAL PARTICULARS

*DATE OF DEATH: March (Month) 2 (Day) 1914 (Year)

I HEREBY CERTIFY, that I attended deceased from ..... 191.. to ..... 191..

that I last saw h... alive on ..... 191..

and that death occurred on the date stated above at 3 P.M.

The CAUSE OF DEATH* was as follows:

.....

Senility

.....

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A.G. Haggard, M. D.

March 4, 1914. (Address) Houston, Texas

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.

*LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

*PLACE OF BURIAL OR REMOVAL: Glenwood

*UNDERTAKER: Sid Weinheimer Co.

DATE OF BURIAL: March 5 1914

ADDRESS: Carolina & Preiele Sts.

E. L. Steck, Printing, Bookbinding, Austin 201-613-5031

Name: T. J. Smith
Death date: 04 Dec 1916
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document): white
Age at death: 55 years
Estimated birth year: 1861
Birth date:
Birth place:
Marital status: Unknown
Spouse name:
Father name:
Father birth place:
Mother name:
Mother birth place:
Occupation: Machinest
Residence:
Cemetery name: Glenwood
Burial place:
Burial date: 07 Dec 1916
Additional relatives:
Film number: 2051760
Digital GS number: 4165793
Image number: 941
Reference number: cn 28172
Collection: Texas Deaths, 1890-1976

Texas Deaths. 1890-1976

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.

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

Where Stillborn is given as cause of Death, file birth certificate. 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.

(PLACE OF DEATH

County Harris ~~Harris~~ 2727

City Houston (No. 2727 Otis E. Perkins Co St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME T. J. Smith

TEXAS STATE BOARD OF HEALTH
Bureau of Vital Statistics

2423-316-50M

Registered No.

STANDARD CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed or Divorced (Write the word): Don't know

6 DATE OF BIRTH: Don't know (Month) (Day) (Year)

7 AGE: 55 yrs. mos. ds.
If less than 2 years state if breast fed: Yes No
If less than 1 day: hrs. mins.

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): Otis E Co.

9 BIRTHPLACE (State or country): Don't know

PARENTS

10 NAME OF FATHER: Don't know

11 BIRTHPLACE OF FATHER (State or country): don't know

12 MAIDEN NAME OF MOTHER: don't know

13 BIRTHPLACE OF MOTHER (State or country): Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. H. Russel

(Address) Ho - Texas

15 Filed 12-7 1916 O. C. GERHARDT Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH: Dec 4 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1916, to Dec 4, 1916
that I last saw him alive on Dec 4 1916
and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:
An overdose of an Opiate or an - other Narcotic self administered whether taken with suicidal intent an unable to determine.

(Duration yrs. mos. ds.

Contributory (Secondary)
(Duration yrs. mos. ds.

(Signed) [illegible] M.D.

*Use International List of Cause of Death—State (1) Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Glenwood — DATE OF BURIAL: Dec 7 1916

20 UNDERTAKER: Bell. W. Co. — ADDRESS: 1210 Main

Name: Fannie E. M...Lton
Death date: 15 Sep 1916
Death place: Houston, Harris, Texas
Gender: Female
Race or color (on document): White
Age at death: 77 years
Estimated birth year:
Birth date: 10 Jun 1839
Birth place: Louisana
Marital status: Married
Spouse name:
Father name: John P. Hill
Father birth place: Alabama
Mother name: Forest
Mother birth place: Tennesee
Occupation:
Residence:
Cemetery name: Glenwood Cemetery
Burial place:
Burial date: 16 Sep 1916
Additional relatives:
Film number: 2051758
Digital GS number: 4165791
Image number: 485
Reference number: CN 21253
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.

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

Where Stillborn is given as cause of Death, file birth certificate. 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.

1PLACE OF DEATH

County Harris 25936

TEXAS STATE BOARD OF HEALTH
Bureau of Vital Statistics
STANDARD CERTIFICATE OF DEATH

Registered No. 1436

City Houston (No. 510 Courtland HO. Heights Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2FULL NAME Fannie E. Milton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (Write the word)
Female	White	Married

6 DATE OF BIRTH: June 10. 1839 (Month) (Day) (Year)

7 AGE 77 yrs. mos. ds.
If less than 2 years state if breast fed: Yes. No.
If less than 1 day: hrs. mins.

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Louisana

PARENTS

10 NAME OF FATHER: John P. Hill

11 BIRTHPLACE OF FATHER (State or country): Alabama

12 MAIDEN NAME OF MOTHER: Miss Forest

13 BIRTHPLACE OF MOTHER (State or country): Tennesee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. Bohannon
(Address) Houston Texas

15
Filed 9-16 1916 O. C. GERHARDT Registrar

MEDICAL PARTICULARS 24253

16 DATE OF DEATH: Sep. 15. 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sep 14, 1916, to Sep 15 1916 that I last saw her alive on Sep. 15 1916, and that death occurred, on the date stated above, at 2 A.m.

The CAUSE OF DEATH* was as follows:

Senile Debility
(Duration yrs. mos. ds.)
Contributory (Secondary) Nephritis
(Duration yrs. mos. ds.)

(Signed) C J Sinclair M. D.
Sep. 15 1916 (Address) Houston Hts.

*Use International List of Cause of Death—State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Glenwood Cemetery	Sep. 16, 1916
20 UNDERTAKER	ADDRESS
Sid Westheimer Co'	1219 Prairie

Name: H.B. Price
Death date: 17 Jul 1916
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document): White
Age at death: 65 years
Estimated birth year: 1851
Birth date:
Birth place: Alabama
Marital status: Married
Spouse name:
Father name:
Father birth place:
Mother name:
Mother birth place:
Occupation:
Residence:
Cemetery name: Gleen wood
Burial place:
Burial date: 18 Jul 1916
Additional relatives:
Film number: 2051626
Digital GS number: 4165881
Image number: 2715
Reference number: 16910
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.

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

Where stillborn is given as cause of Death, file birth certificate. 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.

1 PLACE OF DEATH 23638 TEXAS STATE BOARD OF HEALTH — Bureau of Vital Statistics — 2423-316-50M

STANDARD CERTIFICATE OF DEATH — Registered No. 1119

County Harris

City Houston (No. St. Joseph Infirmary Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME H B Price

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6 DATE OF BIRTH: ..... (Month) ..... (Day) ..... (Year)

7 AGE: 61 yrs. ... mos. ... ds. If less than 1 year state if breast fed: Yes ... No ... If less than 1 day: ... hrs. ... mins.

8 OCCUPATION
(a) Trade, profession, or particular kind of work: ...
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9 BIRTHPLACE (State or country): Alabama

PARENTS

10 NAME OF FATHER: Don't Know

11 BIRTHPLACE OF FATHER (State or country): "

12 MAIDEN NAME OF MOTHER: " "

13 BIRTHPLACE OF MOTHER (State or country): " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E C Price
(Address) 3306 Bagby

15 Filed 7-18 1916 O. C. GERHARDT Registrar

MEDICAL PARTICULARS 16910

16 DATE OF DEATH: July 18 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 6/1 1916 to 7/17 1916 that I last saw him alive on 7/17 1916 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:
Apoplexy
4 (Duration 4 yrs. ... mos. ... ds.)

Contributory (Secondary) ... (Duration ... yrs. ... mos. ... ds.)

(Signed) J. W. White M. D.
... 191... (Address) St. Joseph Infy.

*Use International List of Cause of Death—State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL: Glenwood — DATE OF BURIAL: July 18 1916

20 UNDERTAKER: Carl Thomas & Co. — ADDRESS: 1111 Main

Name: Alois Cerny
Death date: 14 May 1915
Death place: Houston, Harris County,Texas
Gender: Male
Race or color (on document): W
Age at death: 36 years
Estimated birth year: 1879
Birth date:
Birth place: Austria
Marital status: Married
Spouse name:
Father name:
Father birth place:
Mother name:
Mother birth place:
Occupation: Machinist
Residence:
Cemetery name:
Burial place: Walker, Tx
Burial date: 14 May 1915
Additional relatives:
Film number: 2051271
Digital GS number: 4135990
Image number: 265
Reference number: 10495
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

0264

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.

PLACE OF DEATH

County Travis

City Austin

(No. 1910 Rosewood St.; 1st Ward)

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

FULL NAME Alois Czerny

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Register No. 793

10251

10495

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the Word.): married

DATE OF BIRTH: ..... (Month) ..... (Day) ..... (Year)

AGE: 36 yrs. ..... mos. ..... ds.

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

BIRTHPLACE (State or country): Austria

NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

PARENTS

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

Filed MAY 15 1915, 191..... O. C. GERHARDT, Registrar

MEDICAL PARTICULARS

DATE OF DEATH: May (Month) 14th (Day), 191 5 (Year)

I HEREBY CERTIFY, that I attended deceased from ..... 191..., to ..... 191...

that I last saw h... alive on ..... 191...

and that death occurred on the date above at ..... m.

The CAUSE OF DEATH* was as follows:

Suicide (Asphyxiation)

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Decker Jr. M. D.

191... (Address) .....

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted if not at place of death?
Former or usual residence

PLACE OF BURIAL OR REMOVAL: Austin Texas

DATE OF BURIAL: May 17, 1915

UNDERTAKER:

ADDRESS:

E. L. STECK, PRINTING AND BOOKBINDING, AUSTIN 3062-914-50M

Name: Martino
Death date: 20 May 1916
Death place: Houston, Harris, Texas
Gender: Female
Race or color (on document): White
Age at death:
Estimated birth year:
Birth date:
Birth place: Houston, Tex.
Marital status: Single
Spouse name:
Father name: Tony Martino
Father birth place: Italy
Mother name:
Mother birth place: Italy
Occupation:
Residence:
Cemetery name: Glenwood Cem
Burial place:
Burial date: 20 May 1916
Additional relatives:
Film number: 2051625
Digital GS number: 4165879
Image number: 998
Reference number: 11971
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.

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

Where Stillborn is given as cause of Death, file birth certificate. 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.

1PLACE OF DEATH 25869 TEXAS STATE BOARD OF HEALTH
Bureau of Vital Statistics
24-7316-50M
801
Registered No.

STANDARD CERTIFICATE OF DEATH

County Harris
City Houston (No. 1 E. Jose Plus Inf St.: Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2FULL NAME Infant of Mr & Mrs Tony Martino

11971

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 Color or Race: White
5 Single, Married, Widowed, or Divorced (Write the word): Single

6 DATE OF BIRTH: (Month) (Day) (Year)

7 AGE: yrs. mos. ds.
If less than 2 years state if breast fed: Yes No
If less than 1 day: hrs. mins.

8 OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Houston Tex

PARENTS
10 NAME OF FATHER: Tony Martino
11 BIRTHPLACE OF FATHER (State or country): Italy
12 MAIDEN NAME OF MOTHER: Not Known
13 BIRTHPLACE OF MOTHER (State or country): Italy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Tony Martino
(Address) 1713 Arnold

15 Filed 5/22, 191 6 Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH: May (Month) 20 (Day), 191 6 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191...
that I last saw h... alive on ....., 191...,
and that death occurred, on the date stated above, at ... m.
The CAUSE OF DEATH* was as follows:

Premature Birth
(Duration ... yrs. ... mos. ... ds.

Contributory (Secondary)
(Duration ... yrs. ... mos. ... ds.

(Signed) P. H. Beardsley M. D.
191... (Address)

*Use International List of Cause of Death—State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Glenwood Cem — DATE OF BURIAL: May 20, 191 6

20 UNDERTAKER: Settegast & Hoff — ADDRESS

Name: Virginia Garcia
Death date: 17 Feb 1917
Death place: Houston, Harris, Texas
Gender: Female
Race or color (on document): White
Age at death: 27 years 9 months 10 days
Estimated birth year:
Birth date: 07 Apr 1889
Birth place: Mexico
Marital status: Widowed
Spouse name:
Father name: Tarrstere Velasco
Father birth place: Mexico
Mother name: Silvestra Pinton
Mother birth place: Mexico
Occupation:
Residence:
Cemetery name: Glenwood Cemetery
Burial place:
Burial date: 18 Feb 1917
Additional relatives:
Film number: 2051855
Digital GS number: 4166223
Image number: 0543
Reference number: v X cn 5029
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

0549

1PLACE OF DEATH

County Harris No 691

City Houston (No. 2017 Congress St.; Ward)

2FULL NAME Virginia Garcia

TEXAS STATE BOARD OF HEALTH
Bureau of Vital Statistics
STANDARD CERTIFICATE OF DEATH

3195-916-30M

Registered No. 226
5029

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillborn is given as cause of death, file birth certificate. Every item of information should be carefully supplied. In Item 17 PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 Color or Race: White
5 Single, Married, Widowed, or Divorced (Write the word): Widow

6 DATE OF BIRTH: Apr (Month) 7 (Day) 1889 (Year)

7 AGE: 27 yrs. 9 mos. 10 ds.
If less than 2 years state if breast fed: Yes ..... No .....
If less than 1 day: ..... hrs. ..... mins.

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

9 BIRTHPLACE (State or country): Mexico

PARENTS

10 NAME OF FATHER: Teodoro Velasco
11 BIRTHPLACE OF FATHER (State or country): Mexico
12 MAIDEN NAME OF MOTHER: Silvestra Pinter
13 BIRTHPLACE OF MOTHER (State or country): Mexico

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. J. Mercado
(Address) 2513 Capital

15
Filed 2-18, 1917 O. C. GERHARDT Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH: Feb (Month) 17 (Day) 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feby 3, 1917, to Feb 17, 1917
that I last saw her alive on Feb 17 1917
and that death occurred, on the date stated above, at 11 p.m.
The CAUSE OF DEATH* was as follows:

Tuberculosis
(Duration ..... yrs. ..... mos. ..... ds.)
Contributory .....
(Secondary)
(Duration ..... yrs. ..... mos. ..... ds.)

(Signed) A. W. Courtney, M. D.
....., 191..... (Address) .....

*Use International List of Cause of Death—State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Glenwood Cem
DATE OF BURIAL: 2-18 1917

20 UNDERTAKER: Dettigast-Kopf Co
ADDRESS

Name: Pete Pantazopoolas
Death date: 04 Feb 1919
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document):
Age at death: 26 years
Estimated birth year: 1893
Birth date:
Birth place:
Marital status:
Spouse name:
Father name: Pete Panazopoolas
Father birth place:
Mother name: Sophia Konokapa
Mother birth place:
Occupation:
Residence:
Cemetery name:
Burial place:
Burial date:
Additional relatives:
Film number: 2073561
Digital GS number: 4143943
Image number: 1393
Reference number: cn 7287
Collection: Texas Deaths, 1890-1976

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.
Where Stillborn is given as cause of Death, the birth certificate. Every item of information should be correctly and PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
fully 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.

93
King

1 PLACE OF DEATH 30717
County Harris
City Houston (No. St. Joseph Inf St.; 3 Ward)

TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Reg. Dis. No. 7287
Registered No. 245

D.C.V.S. FORM D

2 FULL NAME Pete Pantazopoulas (a) RESIDENCE. No. Lake Charles La
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
6 DATE OF BIRTH: Jan 4 1893 (Month) (Day) (Year)
7 AGE: 26 yrs. mos. ds.
If less than 2 years state if Legitimate or Illegitimate: Yes No
If less than 1 day: hrs. mins.
8 OCCUPATION
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of Industry, business or establishment in which employed (or employer):
9 BIRTHPLACE (State or country): Greece

PARENTS
10 NAME OF FATHER: Pete Pantazopoulas
11 BIRTHPLACE OF FATHER (State or country): Greece
12 MAIDEN NAME OF MOTHER: Sophia Koudrakas
13 BIRTHPLACE OF MOTHER (State or country): Greece

14 THE ABOVE IS TRUE
(Informant) Geo Pegiamenos
(Address) 626 Austin

15 Filed 2-3 1919 John M. Holt Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH: Jan 4 1919 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from 1/17 1919, to 2/4 1919
that I last saw h[illegible] alive on 2/4 1919
and that death occurred, on the date stated above, at 12 7m.
The CAUSE OF DEATH* was as follows:
Pleural Pneumonia
(duration) yrs. mos. ds.
Contributory (Secondary) Perforated gastric ulcer
Dr (duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Frank B Lang M. D.
Feb 5 1919 (Address) Houston Tex

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for State Statistics.)

19 PLACE OF BURIAL OR REMOVAL: Glenwood
DATE OF BURIAL: Feb 5 1919
20 UNDERTAKER: [illegible] Westheimer
ADDRESS: 1219 Franklin

5882-818-100M

Name: Langdon
Death date: 21 May 1930
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document): White
Age at death: 6-1/2 hours
Estimated birth year:
Birth date: 21 May 1930
Birth place: Houston, Texas
Marital status: Single
Spouse name:
Father name: Lowell J. Langdon
Father birth place: Franklin, Ohio
Mother name: Maryland Dore
Mother birth place: Franklin, La.
Occupation: None
Residence:
Cemetery name: Glenwood Cemetery
Burial place:
Burial date: 21 May 1930
Additional relatives:
Film number: 2135325
Digital GS number: 4163780
Image number: 284
Reference number: cn 24274
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
Standard Certificate of Death. 5-23

24274 1427
Registrar's No.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Where Stillborn is given as cause of Death, file Birth Certificate. 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.

1 PLACE OF DEATH
State of Texas
COUNTY OF Harris
CITY OR PRECINCT Houston
No. ____ Street Baptist Hospital

2 FULL NAME OF DECEASED Infant of Mr. & Mrs. Lowell J. Langdon
Residence No. 1207 Street Maury 23150

Length of residence in city where death occurred ____ yrs. ____ mos. ____ days
How long in U. S. If foreign born? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Infant

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of

6 DATE OF BIRTH (Month, day, and year) May 21, 1930

7 AGE: Yrs. | Months | Days | If LESS than 1 day, 6 Hrs. or ____ min.)

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Houston, Texas

PARENTS
10 NAME OF FATHER: Lowell J. Langdon
11 BIRTHPLACE OF FATHER (State or country): Franklin, Ohio
12 MAIDEN NAME OF MOTHER: Maryland Dore
13 BIRTHPLACE OF MOTHER (State or country): Franklin, La.

14 Signature of informant: J. B. Baker,
Address: Houston, Texas.

15 FILED MAY 22 1930
Registrar. J J McDaniel

MEDICAL PARTICULARS

16 DATE OF DEATH May 21, 1930

17 I HEREBY CERTIFY, That I attended deceased from V-21, 19 30 to V-21, 19 30
that I last saw h[illegible] alive on V-21, 19 30
and that death occurred on the date stated above, at 9:20 A.m.
The CAUSE OF DEATH was as follows:
Premature

(duration) ____ yrs. ____ mos. V ds.

CONTRIBUTORY (Secondary)
(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted
If not at place of death? V
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? V

(Signed) John H. Wootten, M. D.
19 ____ (Address) ____

19 PLACE OF BURIAL OR REMOVAL: Glenwood Cemetery
DATE OF BURIAL: May 21, 1930
20 UNDERTAKER: Settegast-Kopf Co
ADDRESS: 2017 Milam

Name: Fred D. Limke
Death date: 02 Nov 1929
Death place: Houston, Harris Co., Texas
Gender: Male
Race or color (on document): W
Age at death: 75 years 11 months 10 days
Estimated birth year:
Birth date: 22 Nov 1853
Birth place: Texas
Marital status: Widowed
Spouse name:
Father name: Will Limke
Father birth place:
Mother name:
Mother birth place:
Occupation: Retired
Residence:
Cemetery name: Glenwood
Burial place:
Burial date: 03 Nov 1929
Additional relatives:
Film number: 2134915
Digital GS number: 4163951
Image number: 205
Reference number: CN 54197
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

TEXAS STATE DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Standard Certificate of Death.

520

Registrar's No. 54197

1 PLACE OF DEATH
State of Texas
COUNTY OF Harris
CITY OR PRECINCT Houston
No. 2516 Street Genesee

2 FULL NAME OF DECEASED Fred D. Limke
Residence No. 2516 Street Genesee
Length of residence in city where death occurred ... yrs. ... mos. ... days
How long in U. S. If foreign born? ... yrs. ... mos. ... days

Where Stillborn is given as cause of Death, file birth Certificate. 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.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RE...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (Month, day and year): 11-22-1853

7 AGE: Yrs. 75 | Months 11 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Texas

PARENTS

10 NAME OF FATHER: Will Limke
11 BIRTHPLACE OF FATHER (State or country): Dont know
12 MAIDEN NAME OF MOTHER: Dont know
13 BIRTHPLACE OF MOTHER (State or country): dont know

14 Signature of informant: A. G. Limke
Address: Houston, Texas

15 FILED: NOV 4 1929 19 ... Registrar.

MEDICAL PARTICULARS

16 DATE OF DEATH: 11-2-29 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 1- 1929 to Nov 2- 1929
that I last saw him alive on Nov 2- 1929
and that death occurred on the date stated above, at 11 A M
The CAUSE OF DEATH was as follows:
Myocarditis -
(duration) ... yrs. 6 mos. — ds.
CONTRIBUTORY (Secondary) Senility -
(duration) ... yrs. — mos. — ds.
18 Where was disease contracted if not at place of death? Houston Tex
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) F. D. Mothersal M. D.
Nov 2 1929 (Address) Houston Tex

19 PLACE OF BURIAL OR REMOVAL: Glenwood
DATE OF BURIAL: 11-3-29 19

20 UNDERTAKER: WESTHEIMER COMPANY
ADDRESS: HOUSTON, TEX.

Form 51b—S1581-229-80M

THE E.H. BYNUM CO. AUSTIN.

Name: Callie A. Webb
Death date: 31 Oct 1929
Death place: Houston, Harris, Texas
Gender: Female
Race or color (on document):
Age at death: 44 years
Estimated birth year: 1885
Birth date:
Birth place:
Marital status:
Spouse name:
Father name: T. M. Withrow
Father birth place:
Mother name: Elzibeth Arp
Mother birth place:
Occupation:
Residence:
Cemetery name:
Burial place:
Burial date:
Additional relatives:
Film number: 2134913
Digital GS number: 4156115
Image number: 2325
Reference number: cn 49256
Collection: Texas Deaths, 1890-1976

Texas Deaths. 1890-1976

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
Standard Certificate of Death.

Registrar's No. 49256

1 PLACE OF DEATH
State of Texas
COUNTY OF Harris
CITY OR PRECINCT Houston No. 601 Street 76th St.

2 FULL NAME OF DECEASED Callie A. Webb. Residence No. 601 Street 76 St.

Length of residence in city where death occurred ___ yrs. ___ mos. ___ days. How long in U. S. If foreign born? ___ yrs. ___ mos. ___ days.

Where Stillborn is given as cause of Death, file birth Certificate. 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.

BE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (Month, day, and year): Oct 23. DK

7 AGE: Yrs. 44 | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.)

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Tenn

PARENTS
10 NAME OF FATHER: J. M. Withrow
11 BIRTHPLACE OF FATHER (State or country): Tenn
12 MAIDEN NAME OF MOTHER: Elizabeth Asp
13 BIRTHPLACE OF MOTHER (State or country): Tenn

14 Signature of Informant: J. M. Webb.
Address: 601 76 St. Houston.

15 FILED: Nov 1 1929 19 ___ J. McDonald Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH: Oct 31 1929

17 I HEREBY CERTIFY, That I attended deceased from July, 1929, to Oct 31, 1929
that I last saw her alive on Oct 31, 1929
and that death occurred on the date stated above, at 10 45 a. m.
The CAUSE OF DEATH was as follows: Cancer of Uterus

July to Oct 31 4 mos
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)
(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? ___
Did an operation precede death? No Date of ___
Was there an autopsy? No
What test confirmed diagnosis? Cancer of

(Signed) T. J. Jacoby, M. D.
11/1 29 (Address) Pearsall Tex

19 PLACE OF BURIAL OR REMOVAL: Glenwood cem
DATE OF BURIAL: 11-1 1929
20 UNDERTAKER: Blue Mel co.
ADDRESS: Houston

Form 51b—S1581-229-80M

Name: Hill
Death date: 22 May 1912
Death place: Houston, Harris, Texas
Gender: Female
Race or color (on document): White
Age at death: 3 days
Estimated birth year:
Birth date: 20 May 1912
Birth place: Houston Heights
Marital status: Single
Spouse name:
Father name: H. H. Hill
Father birth place: Grundy, Tenn.
Mother name: Anna Anderson
Mother birth place: Fullerton, Neb.
Occupation:
Residence:
Cemetery name: Glenwood
Burial place:
Burial date: 22 May 1912
Additional relatives:
Film number: 2050767
Digital GS number: 4165867
Image number: 2149
Reference number: cn13222
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

14983

DEATH OUTSIDE HOUSTON

PLACE OF DEATH

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

County Harris

City Houston Heights

Registered No. 903

(No. 1130 Candlewood Ward)

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

13222

*FULL NAME Infant daughter of Mrs. W. Hill

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.

PERSONAL AND STATISTICAL PARTICULARS

*SEX: Female

*COLOR OR RACE: White

*SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): [illegible]

*DATE OF BIRTH: May (Month) 20th (Day) 1912 (Year)

*Age: 0 yrs. 0 mos. 3 ds.

*OCCUPATION
(a) Trade, profession, or particular kind of work: [illegible]
(b) General nature of industry, business or establishment in which employed (or employer): [illegible]

*BIRTHPLACE (State or country): Houston Heights

PARENTS

*NAME OF FATHER: W. Hill

*BIRTHPLACE OF FATHER (State or country): Grundy Co Tenn

*MAIDEN NAME OF MOTHER: Miss Anna Anderson

*BIRTHPLACE OF MOTHER (State or country): Fullerton Miss

*THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. Hill

(Address) Houston Heights

*DATE FILED: [illegible]

Filed [illegible] OSWALD C. GERHARDT. Registrar

MEDICAL PARTICULARS

*DATE OF DEATH: May (Month) 7th (Day) 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from [illegible], 191[illegible], to [illegible], 191[illegible], that I last saw him alive on [illegible], 191[illegible], and that death occurred on the date stated above at Houston.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

Contributory (Secondary) [illegible] (Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

(Signed) [illegible] M. D.

5/7, 191[illegible] (Address) Houston

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

*LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death [illegible] yrs. [illegible] mos. [illegible] ds. In the State [illegible] yrs. [illegible] mos. [illegible] ds.

Where was disease contracted if not at place of death? [illegible]

Former or usual residence [illegible]

*PLACE OF BURIAL OR REMOVAL: Glenwood

DATE OF BURIAL: 5/8, 191[illegible]

*UNDERTAKER: [illegible]

ADDRESS: [illegible]

VON BOECKMANN-JONES COMPANY, PRINTERS, AUSTIN

Name: Hb Enos
Death date: 28 Dec 1911
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document): White
Age at death: 65 years
Estimated birth year: 1846
Birth date:
Birth place: Michigan Usa
Marital status: Widowed
Spouse name:
Father name:
Father birth place:
Mother name:
Mother birth place:
Occupation: Watchmaker
Residence:
Cemetery name: Glenwood
Burial place:
Burial date: 29 Dec 1911
Additional relatives:
Film number: 2050544
Digital GS number: 4165864
Image number: 355
Reference number: 26720
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

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 classed. Exact statement of OCCUPATION is very important.

[1]PLACE OF DEATH

County Harris

City Houston Harris Co Tex

(No. 7 C. Sanitarium Ward)

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

[2]FULL NAME H B Snow 1505 Commerce St.

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. 1831

26720

PERSONAL AND STATISTICAL PARTICULARS

[3]SEX: male

[4]COLOR OR RACE: white

[5]SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): widower

[6]DATE OF BIRTH: Dec (Month) 28 (Day) 1911 (Year)

[7]Age: 65 yrs. mos. ds.

[8]OCCUPATION
(a) Trade, profession, or particular kind of work: watchmaker
(b) General nature of industry, business or establishment in which employed (or employer): Jeweler

[9]BIRTHPLACE (State or country): Michigan USA

PARENTS

[10]NAME OF FATHER

[11]BIRTHPLACE OF FATHER (State or country)

[12]MAIDEN NAME OF MOTHER

[13]BIRTHPLACE OF MOTHER (State or country)

[14]THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clerk
(Address) Houston Tex

[15]Filed 12/29, 191.. OSWALD C. GERHARDT, Registrar

MEDICAL PARTICULARS

[16]DATE OF DEATH: December (Month) 28 (Day) 1971 (Year)

[17] I HEREBY CERTIFY, that I attended deceased from Dec 26 1911 to Dec 28 1971 that I last saw him alive on Dec 27 1971 and that death occurred on the date stated above, at 5:20 A.m.

The CAUSE OF DEATH was as follows:
Arteriosclerosis
Carcinoma uncertain
(Duration) yrs. mos. 15 ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.
(Signed) L. W. Ramey M. D
191.. (Address) 1840 Tuam St Houston

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

[19]LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[20]PLACE OF BURIAL OR REMOVAL: Glenwood
DATE OF BURIAL: 12/29, 191..
[21]UNDERTAKER: Earthman
ADDRESS: McCarty

VON BOECKMANN-JONES COMPANY, PRINTERS, AUSTIN 1934-410-50m.

Name: Whatley
Death date: 04 Jun 1915
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document): white
Age at death:
Estimated birth year:
Birth date:
Birth place: Houston
Marital status: Single
Spouse name:
Father name: R. H. Whatley
Father birth place: Tx
Mother name: Booth
Mother birth place: Ar
Occupation:
Residence:
Cemetery name: Glenwood
Burial place:
Burial date: 04 Jun 1915
Additional relatives:
Film number: 2051271
Digital GS number: 4135990
Image number: 2805
Reference number: 12994
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

2834

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.

PLACE OF DEATH

County Harris

City Houston

(No. 702 Louisiana St. Ward)

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

*FULL NAME Infant of Mrs. A. J. Weatherly

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Register No. 12934

PERSONAL AND STATISTICAL PARTICULARS

*SEX: Male

*COLOR OR RACE: White

*SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the Word.): Single

DATE OF BIRTH (Month) (Day) (Year)

AGE: Infant yrs. mos. ds.

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

*BIRTHPLACE (State or country): Houston

PARENTS

*NAME OF FATHER: A. J. Weatherly

*BIRTHPLACE OF FATHER (State or country): Texas

*MAIDEN NAME OF MOTHER: Booth

*BIRTHPLACE OF MOTHER (State or country): Arkansas

*I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address) June 5 1915

Filed JUN 5 1915 O. C. GERHARDT Registrar

MEDICAL PARTICULARS

*DATE OF DEATH June 4th 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from ..... 191.. to ..... 191..

that I last saw h ..... alive on ..... 191..

and that death occurred on the date above at 9:30 A m.

The CAUSE OF DEATH* was as follows:

(184)

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) ..... M. D.

..... 191.. (Address) .....

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.

*LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

*PLACE OF BURIAL OR REMOVAL: Glenwood — DATE OF BURIAL: 6/4 1915

*UNDERTAKER: Sid Westheimer Co. — ADDRESS: Hou.

E. L. STECK, PRINTING AND BOOKBINDING, AUSTIN 3062-914-50M

Name: Beulah B. Marten
Death date: 06 Jan 1913
Death place: Houston, Harris, Texas
Gender: Female
Race or color (on document): White
Age at death: 20 years 3 months 16 days
Estimated birth year: 1893
Birth date:
Birth place: Akron, Ohio
Marital status: Married
Spouse name:
Father name: G. M. Bowers
Father birth place:
Mother name:
Mother birth place:
Occupation: Housewife
Residence:
Cemetery name:
Burial place: Gleawood
Burial date: 07 Jan 1913
Additional relatives:
Film number: 2050884
Digital GS number: 4165764
Image number: 3261
Reference number: cn 1496
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

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.

Ind 6661

Deaman 15242

*PLACE OF DEATH

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. 40

1496

County Harris

City Houston Texas

(No. 907 Chartres St. Ward)

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

*FULL NAME Duncan D. Martin

PERSONAL AND STATISTICAL PARTICULARS

*SEX: Female

*COLOR OR RACE: White

*SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): M

*DATE OF BIRTH: (Month) (Day) (Year)

*Age: 20 yrs. 3 mos. 16 da.

*OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):

*BIRTHPLACE (State or country): Akron Ohio

PARENTS

*NAME OF FATHER: E N Bowers

*BIRTHPLACE OF FATHER (State or country):

*MAIDEN NAME OF MOTHER: Mary Knows

*BIRTHPLACE OF MOTHER (State or country):

*I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): C. A. Martin

(Address): 907 Chartres

Filed: [illegible] 1913 [illegible] 1913

OSWALD C. GERDT, REGISTRAR

MEDICAL PARTICULARS

*DATE OF DEATH: January 6th 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from [illegible] 191 [illegible] to [illegible] 191 [illegible] that I last saw h [illegible] alive on [illegible] 191 [illegible] and that death occurred on the date stated above, at [illegible] M.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) yrs. mos. da.

Contributory (Secondary)

(Duration) yrs. mos. da.

*Signed: J. G. Blackman, M. D.

1-6 1913 (Address) Houston

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

*LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death [illegible] yrs [illegible] mos. [illegible] da. In the State [illegible] yrs. [illegible] mos. [illegible] da.

Where was disease contracted, if not at place of death?

Former or usual residence

*PLACE OF BURIAL OR REMOVAL: Glenwood

DATE OF BURIAL: 1-7th 1913

*UNDERTAKER: Eichman & McCarty

ADDRESS

VON BOECKMANN-JONES COMPANY, PRINTERS, AUSTIN

1344 1214 5Dm.

Name: Jennie Harrison Burnett Wilson
Death date: 14 Jan 1914
Death place: Houston, Harris, Texas
Gender: Female
Race or color (on document):
Age at death: 75 years 3 months 12 days
Estimated birth year:
Birth date: 02 Oct 1838
Birth place: Lynchburg, Virginia
Marital status: Widowed
Spouse name:
Father name: William H. Burnett
Father birth place: Meacon, Gerogia
Mother name: Eliza Allen
Mother birth place: Lynchburg, Virginia
Occupation:
Residence:
Cemetery name:
Burial place:
Burial date:
Additional relatives:
Film number: 2050999
Digital GS number: 4165772
Image number: 506
Reference number:
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

Dr G. J. Robinson

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. 71

1252

DEATH OUTSIDE HOUSTON

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.

PLACE OF DEATH

County Harris

City Houston

(No. Houston Heights 1527 Yale)

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

*FULL NAME Mrs Jessie Harrison Bennett Wilson

PERSONAL AND STATISTICAL PARTICULARS

*SEX: Female

*COLOR OR RACE: White

*SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the Word.): ——

*DATE OF BIRTH: 10 (Month) 2 (Day) 1838 (Year)

*AGE: 75 yrs. 3 mos. 12 ds.

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

*BIRTHPLACE (State or country): Lynchburg Virginia

PARENTS

*NAME OF FATHER: William H. Bennett

*BIRTHPLACE OF FATHER (State or country): Wilson, Georgia

*MAIDEN NAME OF MOTHER: Eliza Allen

*BIRTHPLACE OF MOTHER (State or country): Lynchburg Virginia

*THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. E. F. Wilson

(Address) Houston Texas

Filed 1914

O C GERHARD Registrar

MEDICAL PARTICULARS

*DATE OF DEATH: 1 (Month) 14 (Day) 1914 (Year)

I HEREBY CERTIFY, that I attended deceased from ——, 191—, to ——, 191—, that I last saw h— alive on 1-13-14, 191—, and that death occurred on the date stated above at —— m.

The CAUSE OF DEATH was as follows:

C

Bronchial Pneumonia

(Duration) —— yrs. —— mos. —— ds.

Contributory (Secondary)

—— (Duration) —— yrs. —— mos. —— ds.

(Signed) Geo. F. Robinson M. D.

1914 (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.

*LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death —— yrs. —— mos. —— ds. In the State —— yrs. —— mos. —— ds.
Where was disease contracted if not at place of death?
Former or usual residence

*PLACE OF BURIAL OR REMOVAL: Rosehill

DATE OF BURIAL: —— 191—

*UNDERTAKER: Retherford-Koepke

ADDRESS

E. L. Steck, Printing, Bookbinding, Austin

891-613-50M

Name: Bryan Rowell
Death date: 23 Apr 1912
Death place: Harris, Texas
Gender: Male
Race or color (on document):
Age at death: 14 years 11 months 26 days
Estimated birth year: 1898
Birth date:
Birth place:
Marital status:
Spouse name:
Father name: Tom Rowell
Father birth place:
Mother name: Mary Standley
Mother birth place:
Occupation:
Residence:
Cemetery name:
Burial place:
Burial date:
Additional relatives:
Film number: 2050691
Digital GS number: 4120477
Image number: 2459
Reference number: cn 10408
Collection: Texas Deaths, 1890-1976

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.

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. 730

10108

PLACE OF DEATH

County Harris

City

(No. 2817 Harris St.; Ward)

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

FULL NAME Bryan Rowell

PERSONAL AND STATISTICAL particulars

SEX: Male

COLOR OR RACE: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)

DATE OF BIRTH: Apr (Month) 27 (Day) 1 (Year)

AGE: 14 yrs. 11 mos. 26 ds.

OCCUPATION (a) Trade, profession, or particular kind of work: Textile worker

(b) General nature of industry, business or establishment in which employed (or employer):

BIRTHPLACE (State or country): Cleveland Tex

PARENTS

NAME OF FATHER: Tom Rowell

BIRTHPLACE OF FATHER (State or country): Texas

MAIDEN NAME OF MOTHER: Mary Standley

BIRTHPLACE OF MOTHER (State or country): Tex

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs. E. F. Morrow

(Address):

Filed APR 1913 OSWALD C. GERHARD Registrar

MEDICAL particulars

DATE OF DEATH: Apr (Month) 23 (Day) 1913 (Year)

I HEREBY CERTIFY, that I attended deceased from ... 191 ... to ... 191 ...

that I last saw h... alive on ... 191 ...

and that death occurred on the date stated above at ... m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Lung

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) C. C. Norfleet M. D.

... 191 ... (Address)

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

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Glenwood Cem

DATE OF BURIAL: Apr. 23 1913

UNDERTAKER: Dittegail & Koffi Co

ADDRESS

VON BOECKMANN-JONES COMPANY, PRINTERS, AUSTIN 1344-1211-50m.

Name: Harry Bates Pomeroy
Death date: 14 Feb 1915
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document): white
Age at death: 46 years 10 months 12 days
Estimated birth year: 1869
Birth date:
Birth place: Chicago, Ill.
Marital status: Married
Spouse name:
Father name: A.W. Pomeroy
Father birth place: Mass.
Mother name: Welthea Bates
Mother birth place: Redwing, Minn.
Occupation: Contractor
Residence:
Cemetery name: Glenwood
Burial place:
Burial date: 16 Feb 1915
Additional relatives:
Film number: 2051179
Digital GS number: 4165731
Image number: 2953
Reference number: 3393
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

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.

10:30 am

Texas State Board of Health

3393

STANDARD CERTIFICATE OF DEATH

Register No. 284

*PLACE OF DEATH

County Harris No 3735-0

City Houston

(No. St Josephs Infy 2d Ward)

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

*FULL NAME Mc Henry Bates Pomeroy

PERSONAL AND STATISTICAL PARTICULARS

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

*DATE OF BIRTH (Month) (Day) (Year)

*AGE 46 yrs. 10 mos. 17 ds.

*OCCUPATION
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business or establishment in which employed (or employer):

*BIRTHPLACE (State or country): Chicago Ill

PARENTS

*NAME OF FATHER: A H Pomeroy

*BIRTHPLACE OF FATHER (State or country): Mass

*MAIDEN NAME OF MOTHER: Mattheis Bates

*BIRTHPLACE OF MOTHER (State or country): Redwing Minn

*I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs A H Pomeroy

(Address) 2012 Cortlandt

Filed FEB 16 1915 191 O. C. GERHARDT Registrar

MEDICAL PARTICULARS

*DATE OF DEATH Feby 14th 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from ..... 191..., to ..... 191...

that I last saw h... alive on ..... 191...

and that death occurred on the date above at 8:15 Pm.

The CAUSE OF DEATH* was as follows:

Fractured Skull & internal injuries

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) E Edwd Hodges M. D.

191... (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.

*LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted if not at place of death?
Former or usual residence

*PLACE OF BURIAL OR REMOVAL: Glenwood

DATE OF BURIAL: 2/16 191...

*UNDERTAKER: Carthuson & McCarty

ADDRESS

E. L. Steck, Printing and Bookbinding, Austin 3062-914-5031

Name: Louise Fricke
Death date: 07 Jul 1913
Death place: Houston, Harris, Texas
Gender: Female
Race or color (on document):
Age at death: 82 years 6 months 17 days
Estimated birth year:
Birth date: 23 Dec 1830
Birth place: Baden, Germany
Marital status: Widowed
Spouse name:
Father name: Brown
Father birth place: Baden, Germany
Mother name:
Mother birth place: Germany
Occupation:
Residence:
Cemetery name:
Burial place:
Burial date: 07 Jul 1913
Additional relatives:
Film number: 2050946
Digital GS number: 4165775
Image number: 1328
Reference number: v 32 cn 15608
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

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.

1907

Texas State Board of Health 7647

STANDARD CERTIFICATE OF DEATH

Registered No. 1149

15608

1PLACE OF DEATH

County Harris

City Houston Tex

(No. 706 Archerson St.; 3rd Ward)

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

2FULL NAME Louise Gerhardt

PERSONAL AND STATISTICAL PARTICULARS

3SEX: Female

4COLOR OR RACE: White

5SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Widow

6DATE OF BIRTH: December 29, 1830 (Month) (Day) (Year)

7AGE: 82 yrs. 6 mos. 2 da.

8OCCUPATION
(a) Trade, profession, or particular kind of work: Lady
(b) General nature of industry, business or establishment in which employed (or employer):

9BIRTHPLACE (State or country): Baden Germany

PARENTS

10NAME OF FATHER: Brand

11BIRTHPLACE OF FATHER (State or country): Germany

12MAIDEN NAME OF MOTHER:

13BIRTHPLACE OF MOTHER (State or country): Germany

14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Louise Gerhardt

(Address) 706 Archerson

Filed 7/2/07 OSWALD C. GERHARDT. Registrar

MEDICAL PARTICULARS

15DATE OF DEATH: (Month) (Day) 1907 (Year)

16I HEREBY CERTIFY, that I attended deceased from July 1 1907 to July 1 1907

that I last saw her alive on July 1 1907

and that death occurred on the date stated above at 3:40 P.M.

17The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mos. da.

Contributory (Secondary)

(Duration) yrs. mos. da.

(Signed) Thos. J. Gentry M. D.

1907 (Address) Houston

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

18LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS.)
At place of death yrs. mos. da. In the State yrs. mos. dy.
Where was disease contracted if not at place of death?
Former or usual residence

19PLACE OF BURIAL OR REMOVAL: Glenwood

DATE OF BURIAL: July 3 1907

20UNDERTAKER: Eagle Undertaking Co.

ADDRESS: Houston

VON BOECKMANN-JONES COMPANY, PRINTERS, AUSTIN

2309-012-50m

Name: Virginia Louise Scheer
Death date: 02 Jun 1922
Death place: Houston, Harris, Texas
Gender: Female
Race or color (on document): White
Age at death: 1 day
Estimated birth year:
Birth date: 01 Jun 1922
Birth place: Houston, Texas
Marital status: Single
Spouse name:
Father name: O. C. Scheer
Father birth place:
Mother name:
Mother birth place: Assumption, Ill.
Occupation:
Residence:
Cemetery name: Glenwood
Burial place:
Burial date: 03 Jun 1922
Additional relatives:
Film number: 2074546
Digital GS number: 4166818
Image number: 1245
Reference number: cn 17521
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
Where Stillborn is given as cause of Death, file birth Certificate. 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.

1PLACE OF DEATH

TEXAS STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

B. O. V. S.

Reg. Dis. No. ____ FORM D

Registered No. 1003

County Harris

City Houston (No. 1901 Lot Sanatorium Ward)

2FULL NAME Mrs Virginia Laura LeSueur (a) RESIDENCE. No. 514 St. Webster
(If nonresident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

17521

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Chas'd

6 DATE OF BIRTH: June 1 (Month) (Day) 1922 (Year)

7 AGE: ____ yrs. ____ mos. 1 ds.
If less than 2 years state if breast fed: Yes ____ No ____
If less than 1 day: ____ hrs. ____ mins.

8 OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business or establishment in which employed (or employer): ~~Houston Tex~~

9 BIRTHPLACE (State or country): ~~O. C. Le Keer Texas~~ Houston

PARENTS

10 NAME OF FATHER: O C. Sclier

11 BIRTHPLACE OF FATHER (State or country): Mo

12 MAIDEN NAME OF MOTHER: ~~Assumption~~ Mc Known Mc

13 BIRTHPLACE OF MOTHER (State or country): Assumption Mo

14 THE ABOVE IS TRUE

(Informant) Baptist Sanitarium Chas

(Address) Houston Texas

15 Filed 6/2 1922 T F McDonald Registrar

MEDICAL EARTICULARS

16 DATE OF DEATH: 6/2 (Month) (Day) 1922 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 6/1, 1922, to 6/2, 1922
that I last saw her alive on 6/2, 1922
and that death occurred, on the date stated above, at 5:47 m.
The CAUSE OF DEATH* was as follows:
Cerebral Concussion

(duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary) Burn Triple - Post mortem

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Thomas A Johnson M. D.
6/2 1922 (Address) Scanlan Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for State Statutes.)

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Glenwood	6/3 1922
20 UNDERTAKER	ADDRESS
Wall & Kale Co	2310 Main

Form 511b—T36—3-21—100M

Name: Virgil M. Ford
Death date: 05 Mar 1915
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document): white
Age at death: 14 years
Estimated birth year: 1901
Birth date:
Birth place: Virginia
Marital status: Single
Spouse name:
Father name: F. Ford
Father birth place: North Carolina
Mother name: Eison
Mother birth place: South Carolina
Occupation:
Residence:
Cemetery name: Glenwood
Burial place:
Burial date: 06 Mar 1915
Additional relatives:
Film number: 2051269
Digital GS number: 4032102
Image number: 2062
Reference number: certificate # 5796
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

2087

22928

PLACE OF DEATH

Texas State Board of Health

5796

STANDARD CERTIFICATE OF DEATH

Register No. 408

County Anderson

City Palestine

(If Rural, insert Precinct or Justice's District No.) (If in City, insert Ward)

(If in City or Town, give Street and Number)

FULL NAME Virgil McFord

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. All blanks should be filled. PHYSICIANS MUST state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR OR RACE White

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Single

DATE OF BIRTH (Month) (Day) 27th (Year)

AGE 14 yrs. mos. ds.

OCCUPATION (a) Trade, profession, or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

BIRTHPLACE (State or country) Virginia

NAME OF FATHER Virgil McFord

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER Mary Smith

BIRTHPLACE OF MOTHER (State or country) South Carolina

PARENTS

I HEREBY CERTIFY, That I attended deceased from

to

that I last saw h alive on

and that death occurred on the date above at

MEDICAL PARTICULARS

DATE OF DEATH March 5th 1915

(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

to

that I last saw h alive on 2:30 P.M.

and that death occurred on the date above at

The CAUSE OF DEATH was as follows:

Cerebro Spinal Meningitis

(Duration) yrs. mos. ds.

Contributory (Secondary)

Witness W. F. Martin M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.

*LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

In this City

In this County

In the State

Where was disease contracted if not at place of death?

Former or usual residence

BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

UNDERTAKER

ADDRESS

Filed MAR 6 - 1915 19

O. G. BURGESS Registrar

E. L. SIEK, PRINTER AND BOOKBINDER, AUSTIN

Name: Mattie Raffiert
Death date: 25 Jan 1912
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document): w
Age at death: About 20 years
Estimated birth year: 1892
Birth date:
Birth place: Houston, Tx.
Marital status: Single
Spouse name:
Father name: J.C. Rafferty
Father birth place: Houston, Texas
Mother name: Margaret Sullivan
Mother birth place: N.Y.
Occupation:
Residence:
Cemetery name: Glenwood
Burial place:
Burial date: 26 Jan 1912
Additional relatives:
Film number: 2050544
Digital GS number: 4165864
Image number: 3075
Reference number: v X cn 1424
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

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.

[1]PLACE OF DEATH

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

County Harris

City Houston

Registered No. 130

(No. St. Joseph St.; Ward)

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

1424

[2]FULL NAME Mattie Rafferty

PERSONAL AND STATISTICAL PARTICULARS

[3]SEX: Male

[4]COLOR OR RACE: White

[5]SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)

[6]DATE OF BIRTH: May (Month) 27 (Day) 1 (Year)

[7]Age: about 20 yrs. mos. ds.

[8]OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business or establishment in which employed (or employer):

[9]BIRTHPLACE (State or country): Houston Co Rafford

PARENTS

[10]NAME OF FATHER: J C Rafferty

[11]BIRTHPLACE OF FATHER (State or country): Houston Texas

[12]MAIDEN NAME OF MOTHER: Margent Sullivan

[13]BIRTHPLACE OF MOTHER (State or country): N Y

[14]THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

[15] Filed 1/26 1912 OSWALD C. GERHARDT Registrar

MEDICAL PARTICULARS

[16]DATE OF DEATH: January (Month) 25 (Day) 1912 (Year)

[17] I HEREBY CERTIFY, that I attended deceased from ... 191 .. to ... 191 .. that I last saw h .. alive on ... 191 .. and that death occurred on the date stated above, at 12-10 A, m

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

Signed) E. Wright M. D.

191.. (Address) E. Wright

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

[18]LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, etc., NOT RESIDENTS).
At place of death ... yrs ... mos ... ds State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19]PLACE OF BURIAL OR REMOVAL: Glenwood cemetery

DATE OF I... 1-26-12

[20]UNDERTAKER: Robert J. Wright

ADDRESS

VON BOECKMANN-JONES COMPANY, PRINTERS, AUSTIN

Diabetes

Name: Dave Foster
Death date: 15 Jan 1912
Death place: Houston, Harris, Texas
Gender: Male
Race or color (on document): w
Age at death: 47 years
Estimated birth year: 1865
Birth date:
Birth place: Miss.
Marital status: Unknown
Spouse name:
Father name:
Father birth place:
Mother name:
Mother birth place:
Occupation: Convict Gurd
Residence:
Cemetery name: Glenwood
Burial place:
Burial date: 25 Jan 1912
Additional relatives:
Film number: 2050544
Digital GS number: 4165864
Image number: 3076
Reference number: v X cn 1425
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

Dr. Wright

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.

[1]PLACE OF DEATH

County Harris

City Houston Texas

(No. St Joseph's Infirmary ward)

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

[2]FULL NAME Dave Fridez

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. 76

1425

PERSONAL AND STATISTICAL PARTICULARS

[3]SEX: Male | [4]COLOR OR RACE: White | [5]SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word).

[6]DATE OF BIRTH ..... (Month) ..... (Day) ..... (Year)

[7]Age 42 yrs. ..... mos. ..... ds.

[8]OCCUPATION
(a) Trade, profession, or particular kind of work: Granite Cutter
(b) General nature of industry, business or establishment in which employed (or employer): /

[9]BIRTHPLACE (State or country): Mexico

PARENTS

[10]NAME OF FATHER

[11]BIRTHPLACE OF FATHER (State or country)

[12]MAIDEN NAME OF MOTHER

[13]BIRTHPLACE OF MOTHER (State or country)

[14]THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

Filed 1/26 1912 OSWALD C. GERHARDT, Registrar

MEDICAL PARTICULARS

[15]DATE OF DEATH: January 16th 1912 (Month) (Day) (Year)

[16] I HEREBY CERTIFY, that I attended deceased from 1-13-12 to 1-15-12 1912, that I last saw him alive on 1-15-12 1912, and that death occurred on the date stated above, at 3 PM.

The CAUSE OF DEATH* was as follows:

Myocarditis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. W. Gilbert M. D.

1912 (Address) .....

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

[17]LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

[18]PLACE OF BURIAL OR REMOVAL: Glenwood | DATE OF BURIAL: 1/25 1912

[19]UNDERTAKER: Eastman & McCarty | ADDRESS .....

VON BOECKMANN-JONES COMPANY, PRINTERS, AUSTIN 1384-410-Hm.

Name: Beatrice Noyes Allan
Death date: 30 Apr 1914
Death place: Houston, Harris Co., Texas
Gender: Female
Race or color (on document): W
Age at death: 22 years 11 months 10 days
Estimated birth year:
Birth date: 20 May 1891
Birth place: Minneapolis, Minn.
Marital status: Single
Spouse name:
Father name: Geo. B. Allan
Father birth place: Durham, Eng.
Mother name: Florence Patterson
Mother birth place: Minneapolis, Minn.
Occupation:
Residence:
Cemetery name: Glenwood
Burial place:
Burial date: 01 May 1914
Additional relatives:
Film number: 2051078
Digital GS number: 4165725
Image number: 791
Reference number: 8047
Collection: Texas Deaths, 1890-1976

Texas Deaths, 1890-1976

MARGIN RESERVED FOR BINDING

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

M. 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.

*PLACE OF DEATH

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

County Harris

City Houston

Registered No. 720

8947

(No. Bapt Sem St.; Ward)

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

*FULL NAME Beaulah Noyes Allan

PERSONAL AND STATISTICAL PARTICULARS

*SEX: Female

*COLOR OR RACE: White

*SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the Word.): Sing

*DATE OF BIRTH: May (Month) 20 (Day) 1891 (Year)

*AGE: 22 yrs. 11 mos. 10 ds.

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

*BIRTHPLACE (State or country): Minneapolis Minn

PARENTS

*NAME OF FATHER: Geo B Allan

*BIRTHPLACE OF FATHER (State or country): Durham Eng

*MAIDEN NAME OF MOTHER: Florence Patterson

*BIRTHPLACE OF MOTHER (State or country): Minneapolis Minn

*THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo B Allan

(Address) 1417 Main

Filed ..... 191..... Registrar

MEDICAL PARTICULARS

*DATE OF DEATH: April (Month) 30 (Day) 1914 (Year)

I HEREBY CERTIFY, that I attended deceased from ..... 191..... to ..... 191.....

that I last saw h.....alive on ..... 191.....

and that death occurred on the date stated above at 9:50 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever -

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A E Green M. D.

191..... (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.

*LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

*PLACE OF BURIAL OR REMOVAL: Glenwood

DATE OF BURIAL: May 1 191.....

*UNDERTAKER: Wall Hall Co

ADDRESS

E. L. Steck, Printing, Bookbinding, Austin 891-613-50M





Row	No.			
1	222	Miss Louise Esterbrook	61	7-6-1912
1	263	? Wallace	11	2-8-1913
1	235	Frank Bonno		9-26-1912
1	318	Wm H. Warrough	30	11-12-1913
2		Mildred J. Leighton	4 mo.	12-27-1912
2	251	Inf [illegible] of W.B. Patterson	10 mo.	9-21-1911
3	157			
3	248	Walter Perkins	6 mo.	12-22-1912
3	333	Jas. D. Chandler	44	12-27-1913
4	118	Int. Daugh. of N.A. Hughes	S.B	11-25-1910
4	228	Joe Cherry	42	7-22-1912
6	225	Mrs. Gertrude E. Herrin	42	7-16-1912
7	294	Mrs. B.H. Roberts	38	7-14-1913
9	387	Richard C Hicks	9 mo.	10-28-1914
6	323	Annie May Hubbard	13 mo.	11-28-1913

28
14
16
16
17

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