

1. PLACE OF DEATH STATE OF TEXAS		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		5640
COUNTY OF Brazoria		CITY OR PRECINCT NO. Angleton		
2. FULL NAME OF DECEASED Alice Munson Ball		GIVE STREET AND NUMBER OR NAME OF INSTITUTION		
LENGTH OF RESIDENCE WHERE DEATH OCCURRED		YEARS	MONTHS 2	DAYS (SOCIAL SECURITY NO. None)
RESIDENCE OF THE DECEASED		STREET AND NO. 247 Primera	CITY San Antonio	COUNTY Bexar STATE Texas
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL PARTICULARS		
3. SEX Female	4. COLOR OR RACE white	17. DATE OF DEATH Feb. 28, 1945		
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) married		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb 28, 1945, TO Feb 28, 1945		
6. DATE OF BIRTH March 11, 1902		I LAST SAW HER ALIVE ON Feb 27, 1945		
7. AGE	YEARS MONTHS DAYS	THE DEATH OCCURRED ON THE DATE STATED ABOVE AT 6:30 A.M.		
42	11 17	THE PRIMARY CAUSE OF DEATH WAS:		
8A. TRADE, PROFESSION OR KIND OF WORK DONE Housewife		Coronary Thrombosis		DURATION
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED Housewife		CONTRIBUTORY CAUSES WERE:		
9. BIRTHPLACE (STATE OR COUNTRY) Angleton, Texas.		Rheumatic fever in 1940		
10 NAME Hillean Armasur Munson		IF NOT DUE TO DISEASE, SPECIFY WHETHER:		
11. BIRTHPLACE (STATE OR COUNTRY) Texas		ACCIDENT, SUICIDE, OR HOMICIDE		
12. MAIDEN NAME Lilla Coy		DATE OF OCCURRENCE		
13. BIRTHPLACE (STATE OR COUNTRY) Leon Co. Texas.		PLACE OF OCCURRENCE		
14 SIGNATURE W. B. Jack Ball		MANNER OR MEANS		
ADDRESS San Antonio, TEXAS		IF RELATED TO OCCUPATION OF DECEASED, SPECIFY		
15. PLACE OF BURIAL OR REMOVAL Angleton, TEXAS		SIGNATURE W. F. Wood		
DATE Mch. 2, 1945		ADDRESS Angleton, TEXAS		
16 SIGNATURE Angleton Funeral Home # 2792		SIGNATURE OF LOCAL REGISTRAR		
ADDRESS Angleton, TEXAS		POSTOFFICE ADDRESS Angleton, TEXAS		
20 FILE NUMBER 10.	FILE DATE 2/29/1945	SIGNATURE OF LOCAL REGISTRAR		POSTOFFICE ADDRESS

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

