

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillborn 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

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

(No. 2815 MAIN ST. St. _____ Ward)

Reg. No. 11840 B. O. V. S.
 Registered No. 698 **D**

2 FULL NAME EDWARD MORRIS CALDWELL, (a) RESIDENCE, No. 2815 St., MAIN ST.
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S.

6 DATE OF BIRTH DECEMBER 8th, 1926
 (Month) (Day) (Year)

7 AGE 7 yrs 3 mos 9 ds.
 If less than 2 years state if breast fed _____ If less than 1 day _____
 Yes _____ No _____ 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) HOUSTON, TEXAS.

10 NAME OF FATHER W. M. CALDWELL.

11 BIRTHPLACE OF FATHER (State or country) AUSTIN, TEXAS.

12 MAIDEN NAME OF MOTHER EULA KAYE

13 BIRTHPLACE OF MOTHER (State or country) FT. WORTH, TEXAS

14 THE ABOVE IS TRUE (Informant) W. M. CALDWELL,
 (Address) 2815 MAIN ST

15 Filed MAR 19 1928 J J McDonald
 Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH March 17, 1928
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1928, to March 17, 1928
 that I last saw him alive on March 17, 1928
 and that death occurred on the date stated above, at 4:48 pm.

The CAUSE OF DEATH* was as follows:
convulsions
1 convulsion (duration) _____ yrs _____ mos _____ ds.
 Contributory Gastro enteritis
 (Secondary) (duration) _____ yrs _____ mos 2 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? Medical Symptoms
 (Signed) Jedward Hodges, M. D.
 _____, 1928 (Address)

*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.

19 PLACE OF BURIAL OR REMOVAL AUSTON, TEXAS. DATE OF BURIAL 3 - 18 - 2892

20 UNDERTAKER J. B. EARTHMAN CO. ADDRESS HOUSTON,