



WRITE PLAINLY IN 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			TEXAS STATE BOARD OF HEALTH			Reg. Dis. No. 40924 H. O. V. S.		
BUREAU OF VITAL STATISTICS			STANDARD CERTIFICATE OF DEATH			Registered No. 38394		
County <u>Harris</u>			City <u>Houston</u>			(No. <u>3509 Mosely Drive</u> St., <u> </u> Ward <u> </u>)		
2 FULL NAME <u>Mrs. Fannie Helen Caldwell</u>			RESIDENCE, No. <u>3509</u> St., <u>Mosely Dr.</u>			(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.			<u>38394</u>		
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL PARTICULARS			
3 SEX <u>Female</u>		4 COLOR OR RACE <u>White</u>		5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		16 DATE OF DEATH <u>December 26th., 1927</u> (Month) (Day) (Year)		
6 DATE OF BIRTH <u>December 25th., 1864</u> (Month) (Day) (Year)					17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 10, 1927</u> , to <u>Dec 25, 1927</u> that I last saw her alive on <u>Dec 24, 1927</u> and that death occurred on the date stated above, at <u>2.40 A</u> m. The CAUSE OF DEATH* was as follows: <u>Hypertension</u> (duration) <u>3</u> yrs. _____ mos. _____ ds. Contributory <u>Chronic Myocarditis</u> (Secondary) (duration) <u>3</u> yrs. _____ mos. _____ ds. 18 Where was disease contracted? <u>Unknown</u> if not at place of death? Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>Physical Signs</u> (Signed) <u>R. M. Pydic, M. D.</u> <u>Dec 26, 1927</u> (Address) <u>1013 Emerson</u> *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.			
7 AGE <u>63</u> yrs _____ mos _____ 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 <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer) _____								
9 BIRTHPLACE (State or country) <u>Missouri</u>								
PARENTS	10 NAME OF FATHER <u>Mr. Schoefield</u>							
	11 BIRTHPLACE OF FATHER (State or country) <u>Missouri</u>							
	12 MAIDEN NAME OF MOTHER <u>Miss. Noble</u>							
13 BIRTHPLACE OF MOTHER (State or country) <u>Virginia</u>								
14 THE ABOVE IS TRUE (Informant) <u>J. R. Caldwell</u> (Address) <u>2710-7th., Pt. Arthur</u>					19 PLACE OF BURIAL OR REMOVAL <u>San Marcus, Texas</u>			
15 FILED <u>DEC 27 1927</u> <u>R. M. Pydic</u> Registrar					20 UNDERTAKER <u>Oliver-Lewis Co.</u>			
					DATE OF BURIAL <u>Dec. 26-27, 1927</u> ADDRESS <u>2102 Fanhin</u>			

Dr. Pydic F. S. E. 10301 Bldg.