

IF NON-RESIDENT, BE CAREFUL TO GIVE THE COMPLETE RESIDENCE OF THE DECEASED, STATING BOTH CITY, COUNTY AND STATE. THE RESIDENCE IS THE USUAL PLACE OF ABODE.

1. PLACE OF DEATH
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

REGISTRAR'S NO. 70479

COUNTY OF Brazoria

CITY OR PRECINCT NO. 1 Angleton

NO. _____ STREET _____

IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.

LENGTH OF RESIDENCE IN CITY WHERE DEATH OCCURRED 28 yrs YEARS MONTHS DAYS. HOW LONG IN U. S. IF FOREIGN BORN? _____ YEARS MONTHS DAYS

2. FULL NAME OF DECEASED Mrs. Laura Underwood Diggs

RESIDENCE OF THE DECEASED NO. _____ STREET _____ CITY Angleton STATE Texas.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE MARRIED WIDOWED DIVORCED (WRITE THE WORD) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. H. Diggs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10, 1850

7. AGE 87 YEARS 8 MONTHS 6 DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Columbia, Texas.

13. NAME Amon Underwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lowell, Mass.

15. MAIDEN NAME Rachael Jane Carson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT G. B. Harris

(ADDRESS) Angleton, Texas.

18. BURIAL REMOVAL PLACE West Columbia Cem. DATE April 19, 1938

19. UNDERTAKER Lee Funeral Home, R. N. Howard

(ADDRESS) Angleton, Texas.

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR
4-16-1938 (FILE DATE) [Signature] (SIGNATURE)

MEDICAL PARTICULARS

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1938

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM July 10, 1938 TO April 16, 1938

I LAST SAW HER ALIVE ON April 16, 1938

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Senility.

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Fracture, neck of femur.

NAME OF OPERATION _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Symptom WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

ACCIDENT, SUICIDE, OR HOMICIDE No

DATE OF INJURY No, 1938

WHERE DID INJURY OCCUR? No (SPECIFY CITY OR TOWN, COUNTY, AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE. No

MANNER OF INJURY No

NATURE OF INJURY No

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No

IF SO, SPECIFY _____ (SIGNATURE) [Signature] M. D. (ADDRESS) Angleton, Texas

