

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. See instructions on back of certificate.

1 PLACE OF DEATH

County Brazoria

City Lockridge - Tex

3 FULL NAME Jane Elizabeth Fairfield

TEXAS STATE BOARD OF HEALTH
Bureau of Vital Statistics

1072-615-25M

Registered No. **1502**

STANDARD CERTIFICATE OF DEATH

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Jan 15 1927
(Month) (Day) (Year)

7 AGE 88 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
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Maine

PARENTS

10 NAME OF FATHER Thurber

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) J. E. Fairfield
(Address) Lockridge - Tex

15 Filed 9/17 1955 O. C. GERHARDT
Registrar

MEDICAL PARTICULARS

19147

16 DATE OF DEATH Sept 16 1955
(Month) (Day) (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 11:30 m. The CAUSE OF DEATH* was as follows:

Natural causes
(Duration) _____ yrs. 189 mos. ds.

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

(Signed) J. M. Ray M. D.
Sept 17 1955 (Address) Lockridge

*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 Fort Wayne Ind DATE OF BURIAL Sept, 191____

20 UNDERTAKER Ed. W. Co. ADDRESS 1219 Prairie

DEATH OUTSIDE HOUSTON