

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillborn is **NOTE** as cause of Death, file birth Certificate. Every item of information should be **RELIABLY** supplied. AGE should be stated **EXACTLY**. PHYSICIANS should state **CAUSE OF DEATH** in plain terms, & that it may be properly classified. Exact statement of **OCCUPATION** is very important.

1 PLACE OF DEATH

County Knott

City Vera

2 FULL NAME R. L. Horn

Length of residence in city or town where death occurred 28 yrs. 6 mos. 28 ds.

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

Reg. Dis. No. \_\_\_\_\_

Registered No. \_\_\_\_\_

B. O. V. S.

FORM **D**

26656

Ward \_\_\_\_\_

(a) RESIDENCE. NO. \_\_\_\_\_ St. \_\_\_\_\_

(If nonresident give city or town and State)

How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

6 DATE OF BIRTH

Oct  
(Month)

16  
(Day)

1877  
(Year)

7 AGE

If less than 2 years state if breast fed

Yes \_\_\_\_\_

No \_\_\_\_\_

If less than 1 day

hrs. \_\_\_\_\_

mins. \_\_\_\_\_

8 OCCUPATION

(a) Trade, profession or particular kind of work

Farming

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

9 BIRTHPLACE

(State or country)

Texas

10 NAME OF FATHER

can't say

11 BIRTHPLACE OF FATHER (State or country)

can't say

12 MAIDEN NAME OF MOTHER

can't say

13 BIRTHPLACE OF MOTHER (State or country)

can't say

14 THE ABOVE IS TRUE

(Informant) R N Horn

(Address) Vera Tex

15

Filed 5-20-1927

9

Bella Stover  
Registrar.

MEDICAL PARTICULARS

16 DATE OF DEATH

May  
(Month)

15  
(Day)

1927  
(Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 192\_\_\_\_, to \_\_\_\_\_, 192\_\_\_\_

that I last saw h..... alive on....., 192\_\_\_\_

and that death occurred on the date stated above, at.....m.

The CAUSE OF DEATH\* was as follows:

Struck by Lightning

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death?  Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) \_\_\_\_\_, M. D.

\_\_\_\_\_, 192\_\_\_\_ (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

Vera Tex

DATE OF BURIAL

5-17 1927

20 UNDERTAKER

Wesley Harrison Seymour

ADDRESS