

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

54756

1 PLACE OF DEATH

STATE OF TEXAS

COUNTY OF Brazoria

Registrar's No. _____

CITY OR PRECINCT NO. Angleton

No. _____ Street Preneur no on
If in an Institution, give name of Institution instead of Street and No.
Residence

2. FULL NAME OF DECEASED George Caldwell Munson

Length of residence in city where death occurred 34 yrs. 10 mos. _____ days

No. _____ Street _____
How long in U. S. if foreign born? yrs. mos. days

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE (write the word) Married
MARRIED
WIDOWED
DIVORCED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah D. Munson

6. DATE OF BIRTH (month, day, and year) Jan. 12, 1853

7. AGE 78 Years 11 Months 14 Days If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer + Stockman
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) 1931 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Brazoria Co. Texas

MOTHER FATHER 13. NAME Mordello Stephen Munson
14. BIRTHPLACE (city or town) (State or country) Liberty Co. Texas

MOTHER 15. MAIDEN NAME Sarah Kimbrough Armour
16. BIRTHPLACE (city or town) (State or country) Tennessee?

17. INFORMANT Frank H. Stevens
(Address) Angleton, Texas

18. BURIAL, CREMATION, OR REMOVAL
Place Angleton Tx Date Dec 27 1931

19. UNDERTAKER Thos Morrison
(Address) Angleton Tx

20. FILED Dec 30, 1931 Thos Morrison
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 26 29 26 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1931, to Dec 26, 1931

I last saw him alive on Dec 26, 1931; death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial

Date of onset

Other contributory causes of importance:

Name of operation none date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____, 19_____

Where did injury occur? _____
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J B Mayer M. D.

(Address) Angleton Tx

FILED
JAN 7 1932
VITAL STATISTICS