1. PLACE OF DEATH TEXAS DEPART	MENT OF HEALTH	
STATE OF TEXAS BUREAU OF V	ITAL STATISTICS	
COUNTY OF BRAZORIA STANDARD CER	TIFICATE OF DEATH	814
	ILEV'S PRARIE	
PRECINCT NO DA	GIVE STREET AND NUMBER OR NAME OF INSTITUTION	
2 FULL NAME GEORGE POINDEXTE	ER MUNSON, SR.	
WHERE DEATH OCCURRED 70 YEARS 4 MONTHS 6 DAY	SECURITY NO NONE.	
	Retetin COUNTY BRAZORIA ST	TEXA
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL PARTICULARS	ATELLATI
3 SEX A COLOR	17. DATE OF	
MALE OR RACE WHITE	19.1 HEREBY CERTIFY HAT I ATTENDED THE DECEASED	. 194
OWED OR DIVORCED /N A RRIED.	Jane Ve ut to Jan	6
6 DATE OF	LANGE SAW H STRALLINE ON BREEN	
HU9, 21, 1010	THE DEATH OCCURRED ON THE DATE STATED ABOVE AT	7 P.
70 H DAYS IF LESS THAN I DAY	THE PRIMARY CAUSE OF DEATH WAS:	DURATION
BA. TRADE, PRO-	8 .	1.2.
FESSION OR KIND RETIRED.	Corovery Ocalusion	few lan
BUSINESS IN FARMING. CATTLE.		0
A DIRECTOR ACE	CONTRIBUTORY	
STATE OR BRAZORIA COLWTY, TEXAS.	CAUSES WERE	
GEO. POINDEXTERMUNSON	arlerios elevais	ener
11 SISTHELACE DE CAUSE	73	1
COUNTRY) GALF RRAIRIE, TEXAS.		
NAME AGNES D. DAVIS		
13. BIRTHPLACE	IF NOT DUE TO DISEASE SPECIFY WHETHER	24
(STATE OR MOBILE ALABAMA	ACCIDENT. SUICIDE. OR HOMICIDE	47%
Lacua Inderwood	DATE OF OCCURRENCE	E0 03
ADDRESS A _L P 1 .	DATE OF OCCOMENCE	2044
Cast Columbia, TEXAS	PLACE OF OCCUPRENCE	15940
BURIAL OR Paileys France TEXAS	S MANNER OR MEANS	8 81
DATE TO THE TEXAS	IF RELATED TO OCCU-	150
gan: 104	PATION OF DECEASED.	1-15
15 SIGNATURE (Wait # 245]	SIGNATURE 1/2 CHALT	м.
ADDRESS 2 0 .	ADDRESS	-
West Columbia. TEXAS	A CONTRACTOR OF THE PROPERTY O	, TEXA
O FILE NUMBER FILE DATE SIGNATURE OF LE	DEAL REGISTRAR PASTOEFICE ASDRESS	
2 · ////	make to	4