

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillborn is given as cause of Death, file birth Certificate. 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.

PLACE OF DEATH

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

Reg. Dis. No. **22309** B. O. V. S. FORM **D**
Registered No. _____

County Brazoria

City Angleton (No. _____, _____ St.; _____ Ward)

FULL NAME Henry William Munson (a) RESIDENCE. No. _____ St. _____
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. _____ mos. _____ ds. 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) widower

6 DATE OF BIRTH August 16th 1851
(Month) (Day) (Year)

7 AGE 72 yrs. 10 mos. 15 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 planter & stockraiser
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Texas

10 NAME OF FATHER Mordella S. Munson

11 BIRTHPLACE OF FATHER (State or country) Texas

12 MAIDEN NAME OF MOTHER Sarah H. Armour

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE
(Informant) G. C. Munson
(Address) Angleton, Texas

15 Filed 7-9th 1924 G. C. Davis Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH July 1 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1924, to July 1, 1924
that I last saw him alive on June 30, 1924
and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:
Dilatation of heart
(duration) 2 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? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? _____

(Signed) S. B. Mays M. D.
July 1, 1924 (Address) Angleton

*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. (See reverse side for State Statutes.)

19 PLACE OF BURIAL OR REMOVAL Angleton DATE OF BURIAL 7/1 1924

20 UNDERTAKER Smith Bros ADDRESS Prozorica