

PLA MARGIN RESERVED FOR BINDING IT P

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.

PLACE OF DEATH

Texas State Board 28603

STANDARD CERTIFICATE OF DEATH

29579

Registered No.

County Brazoria  
City Columbia Tex

(No. St.; Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME William Pierre Munson

PERSONAL AND STATISTICAL PARTICULARS

SEX male  
COLOR OR RACE white  
SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

DATE OF BIRTH  
(Month) (Day) (Year)

Age about 63 yrs. mos. da.

OCCUPATION  
(a) Trade, profession, or particular kind of work Cattle man  
(b) General nature of industry, business or establishment in which employed (or employer) Looking after stock cattle

BIRTHPLACE (State or country) Brazoria Co. Texas

NAME OF FATHER Girard Munson

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Miss Westall

BIRTHPLACE OF MOTHER (State or country) Don't know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) M. A. Weaver  
(Address) Columbia Texas

Filed 11-14-24 1924 G. C. Hamis Registrar

MEDICAL PARTICULARS

DATE OF DEATH September 30 1924  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 29 1924 to Sept 30 1924  
that I last saw him alive on Sept 30 1924  
and that death occurred on the date stated above, at 2 P. m.

CAUSE OF DEATH\* as follows:  
Organic heart disease with uraemia  
(Duration) 2 days

CONTRIBUTORY (Secondary)  
(Duration) yrs. mos. da.

(Signed) M. A. Weaver M. D.  
Oct 4 1924 (Address) Columbia Texas

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).  
At place of death... yrs. ... mos. ... da. State... yrs. ... mos. ... da.  
Where was disease contracted, if not at place of death?  
Former or usual residence Brazoria Co. Texas

PLACE OF BURIAL OR REMOVAL Brazoria Co. Texas  
DATE OF BURIAL Oct 1 1924

UNDERTAKER G. C. Hamis & Bro  
ADDRESS Columbia Tex