

WI 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.

1 PLACE OF DEATH

County Bexar

TEXAS STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Reg. Dis. No.

B. O. V. S.

Registered No. 16685

FORM **D**

City San Antonio (No. Donna Rosa Dr St., 1454 Ward)

2 FULL NAME Mrs. Anne Morris Murchison (a) RESIDENCE, NO. 118 St. E. Sammitt an

Length of residence in city or town where death occurred 1 yrs.  mos.  ds. How long in U. S., if of foreign birth?  yrs.  mos.  ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6 DATE OF BIRTH Sept 24 1899  
(Month) (Day) (Year)

7 AGE 26 yrs. 8 mos. 2 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 Housewife  
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Texas

PARENTS

10 NAME OF FATHER Ed. Morris

11 BIRTHPLACE OF FATHER (State or country) Va.

12 MAIDEN NAME OF MOTHER AK

13 BIRTHPLACE OF MOTHER (State or country) "

14 THE ABOVE IS TRUE

(Informant) J. F. Murchison  
Athens, Tex  
(Address)

15 Piled MAY 26 1926 192

L. J. M. Lee  
Registrar.

MEDICAL PARTICULARS

16 DATE OF DEATH May 26 1926  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 30, 1926, to May 26, 1926

that I last saw her alive on May 26, 1926 and that death occurred on the date stated above, at 9 10 a.m.

The CAUSE OF DEATH\* was as follows:

Catarhal jaundice

(duration) 1 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? Y Date of 5/24/26

Was there an autopsy?

What test confirmed diagnosis? T. J. M. Lee

(Signed) T. J. M. Lee, M. D.  
5-26-1926 (Address) San Antonio 214

\*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 Tronpe, Tex DATE OF BURIAL 5-26-1926

20 UNDERTAKER Adams & Co - Bellum ADDRESS 425 E. Pecan