

NON-RESIDENT

If NON-RESIDENT, be careful to give the complete residence of the deceased, stating both city, county and state. The residence is the usual place of abode.

1 PLACE OF DEATH
STATE OF TEXAS
COUNTY OF Dallas
CITY OR PRECINCT NO. Dallas

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

Registrar's No. 1230
12544

Length of residence in city where death occurred: 8 yrs. 6 mos. 6 days. How long in U. S. if foreign born? yrs. mos. days

2 FULL NAME OF DECEASED Burke Garbrough Murchison
RESIDENCE OF THE DECEASED No. Preston Road 14 miles North of city.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4. COLOR OR RACE White 5. Single Single Married Widowed Divorced

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

6. DATE OF BIRTH (month, day, and year) Jan 26th 1925

7. AGE 11 Years 2 Months 19 Days If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or Town) (State or Country) San Antonio Texas

13. NAME C. W. Murchison

14. BIRTHPLACE (City or Town) (State or Country) Athens Texas

15. MAIDEN NAME Ann Morris

16. BIRTHPLACE (City or Town) (State or Country) Smith County Texas

17. INFORMANT Jaddie Lee Wynn

(Address) Dallas Texas

18. ~~PLACE OF~~ CREMA- Texas Date April 17th 1936

19. UNDERTAKER Bower Undertaking Co.

(Address) Dallas Texas. W. H. Stealing

20. SIGNATURE OF REGISTRAR

FILE DATE Apr 17 1936 Budisewell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1936 to April 15, 1936

I last saw him alive on April 15, 1936; death is said to

have occurred on the date stated above, at 6:30 P m. The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset 4/8/36

Other contributory causes of importance:

Name of operation None date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

Accident, suicide, or homicide? None

Date of injury None

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 None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R Murchison M. D.

(Address) Medical Arts Hospital Dallas Texas

