

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.

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

1 PLACE OF DEATH
STATE OF TEXAS
COUNTY OF Brazoria
PRECINCT NO. 1 Angleton

Registrar's No. 15
6576

Length of residence in city where death occurred 10 yrs. 0 mos. 0 days ? How long in U. S. if foreign born? 0 yrs. 0 mos. 0 days

2 FULL NAME OF DECEASED Emma Munson Murray

RESIDENCE OF THE DECEASED No. _____ Street _____ City Angleton State Tex

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Fem</u>	4. COLOR OR RACE <u>White</u>	5. Single Married Widowed Divorced (Write the word) <u>Widow</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Rev. J. L. Murray</u>			
6. DATE OF BIRTH (month, day, and year) <u>2-26-1855</u>			
7. AGE <u>80</u> Years <u>11</u> Months <u>9</u> Days		If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u> <u>Retired housekeeper</u>		
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u> <u>HOME.</u>		
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) <u>Brazoria Co., Tex.</u>			
FATHER	13. NAME <u>M. S. Munson</u>		
	14. BIRTHPLACE (City or Town) (State or Country) <u>Tex.</u>		
MOTHER	15. MAIDEN NAME <u>Sarah Kimbro Armour</u>		
	16. BIRTHPLACE (City or Town) (State or Country) <u>Penn.</u>		
17. INFORMANT <u>Lee Murray,</u> (Address) <u>Angleton, Tex.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Balleys Prairie</u> Date <u>Feb. 16,</u> 19 <u>36</u>			
19. UNDERTAKER <u>R. M. Lee</u> (Address) <u>Angleton, Tex.</u>			
20. SIGNATURE OF REGISTRAR <u>[Signature]</u>			
FILE DATE <u>3-30-36</u>			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>Feb -- 15 -- 1936</u> , 19 <u>36</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>12-15-</u> 19 <u>35</u> to <u>2-15-36</u> , 19 <u>36</u>	
I last saw her alive on <u>Feb 15th</u> , 19 <u>36</u> death is said to have occurred on the date stated above, at <u>5.10 A.</u> m. The principal cause of death and related causes of importance were as follows: <u>Pneumonia</u> <u>Lobar</u> Other contributory causes of importance: <u>Pneumonia</u>	
Name of operation <u>None</u> date of _____	
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>No injury</u> Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>A. B. Wapner</u> M. D. (Address) <u>Angleton, Tex.</u>	

