



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

53992

1. PLACE OF DEATH  
STATE OF TEXAS  
COUNTY OF Brazoria  
CITY OR PRECINCT NO. Angleton  
2. FULL NAME OF DECEASED Henry Austin Perry  
GIVE STREET AND NUMBER OR NAME OF INSTITUTION  
LENGTH OF RESIDENCE WHERE DEATH OCCURRED 29 YEARS        MONTHS        DAYS. (SOCIAL SECURITY NO. None)  
RESIDENCE OF THE DECEASED | STREET AND NO.        CITY Angleton COUNTY Brazoria STATE Texas

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL PARTICULARS	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	17. DATE OF DEATH <u>Dec 27</u> , 194 <u>1</u>		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>1935</u> TO <u>Dec 27</u> , 194 <u>1</u> I LAST SAW HIM ALIVE ON <u>Dec 26</u> , 194 <u>1</u>	
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>Married</u>		6. DATE OF BIRTH <u>May 16, 1856</u>		I LAST SAW HIM ALIVE ON <u>Dec 26</u> , 194 <u>1</u>	
7. AGE	YEARS	MONTHS	DAYS	THE DEATH OCCURRED ON THE DATE STATED ABOVE AT <u>8:50 P.M.</u>	
<u>85</u>	<u>7</u>	<u>11</u>	<u>1</u>	THE PRIMARY CAUSE OF DEATH WAS:	
8A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Retired County Official</u>		8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED		CONTRIBUTORY CAUSES WERE	
9. BIRTHPLACE (STATE OR COUNTRY) <u>Peach Point, Texas</u>		10. NAME <u>S. S. Perry</u>		DURATION <u>6 yrs plus</u>	
11. BIRTHPLACE (STATE OR COUNTRY) <u>Peach Point, Texas</u>		12. MAIDEN NAME <u>Sarah M. Brown</u>		<u>Hypertensive Heart Disease with several cerebral hemorrhages</u>	
13. BIRTHPLACE (STATE OR COUNTRY) <u>Ohio</u>		14. SIGNATURE <u>Mrs. John S. Caldwell</u>		<u>Debility</u>	
15. PLACE OF BURIAL OR REMOVAL <u>Peach Point, Texas</u>		16. SIGNATURE <u>Angleton Funeral Home, W. F. Woodiel, #2792, Angleton, Texas</u>		IF NOT DUE TO DISEASE, SPECIFY WHETHER: ACCIDENT, SUICIDE, OR HOMICIDE	
DATE <u>December 29th., 1941</u>		ADDRESS <u>Freeport, Texas</u>		DATE OF OCCURRENCE	
19. FILE NUMBER <u>51</u>		FILE DATE <u>12/29/1941</u>		PLACE OF OCCURRENCE	
SIGNATURE OF LOCAL REGISTRAR <u>[Signature]</u>		POSTOFFICE ADDRESS <u>Angleton, Texas</u>		MANNER OR MEANS IF RELATED TO OCCUPATION OF DECEASED, SPECIFY <u>no</u>	
SIGNATURE <u>[Signature]</u>		ADDRESS <u>Angleton, Texas</u>		SIGNATURE <u>W. C. Hall</u> M.D.	
20. FILE NUMBER <u>51</u>		FILE DATE <u>12/29/1941</u>		SIGNATURE OF LOCAL REGISTRAR <u>[Signature]</u>	
SIGNATURE OF LOCAL REGISTRAR <u>[Signature]</u>		POSTOFFICE ADDRESS <u>Angleton, Texas</u>		SIGNATURE <u>[Signature]</u>	

