

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillborn 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.

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

Reg. Dis. No. \_\_\_\_\_  
Registered No. **6622**  
B. O. V. S. FORM **D**

1 PLACE OF DEATH  
County Brazoria  
City Angleton

2 FULL NAME Mrs. Virginia H Taylor RESIDENCE, No. \_\_\_\_\_ St., **6722**  
(If nonresident give city or town and State)  
Length of residence in city or town where death occurred 19 yrs 4 mos 10 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
6 DATE OF BIRTH <u>March</u> <u>16</u> <u>1840</u> (Month) (Day) (Year)		
7 AGE <u>59</u> yrs <u>6</u> mos <u>11</u> 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 <u>School teacher for</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>fifty years</u>		
9 BIRTHPLACE (State or country) <u>North Carolina</u>		
PARENTS	10 NAME OF FATHER <u>John Wesley Starks M.D.</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>North Carolina</u>	
	12 MAIDEN NAME OF MOTHER <u>Euphemia Morris</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Pennsylvania</u>	

MEDICAL PARTICULARS
16 DATE OF DEATH <u>February</u> <u>17</u> <u>1930</u> (Month) (Day) (Year)
17 I HEREBY CERTIFY that I attended deceased from <u>Dec 1st, 1929</u> , to <u>Feb 16, 1930</u> that I last saw her alive on _____, 19 <u>30</u> and that death occurred on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Senility Old Age</u> (duration) <u>1</u> yrs. <u>-</u> mos. <u>-</u> ds. Contributory (Secondary) <u>Old age</u> (duration) <u>-</u> yrs. <u>-</u> mos. <u>-</u> ds.
18 Where was disease contracted? _____ if not at place of death? _____ Did an operation precede death? <u>NO</u> Date of <u>None</u> Was there an autopsy? <u>None</u> What test confirmed diagnosis? <u>Sympt.</u> (Signed) <u>Brooks Stafford</u> , M. D. <u>Feb 17, 1930</u> (Address) <u>Angleton</u>
*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.

14 THE ABOVE IS TRUE  
(Informant) Mrs A A Perry  
(Address) Angleton Tex

15 Filed Feb 17 1930 Thos  
Registrar.

19 PLACE OF BURIAL OR REMOVAL <u>West Columbia</u>	DATE OF BURIAL <u>Feb 17</u> <u>1930</u>
20 UNDERTAKER <u>Thos Morrison</u>	ADDRESS <u>Angleton</u>