



1. PLACE OF DEATH		TEXAS DEPARTMENT OF HEALTH		BUREAU OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH		37478	
STATE OF TEXAS		COUNTY OF <u>Harris</u>		CITY OR PRECINCT NO. <u>Houston</u>		St. Joseph's Infirmary GIVE STREET AND NUMBER OR NAME OF INSTITUTION			
2. FULL NAME OF DECEASED		HARRIS FROST UNDERWOOD							
LENGTH OF RESIDENCE WHERE DEATH OCCURRED		YEARS		MONTHS <u>16</u>		DAYS		(SOCIAL SECURITY NO. <u>None</u>)	
RESIDENCE OF THE DECEASED		STREET AND NO. <u>2521 Prospect</u>		CITY <u>Houston</u>		COUNTY <u>Harris</u>		STATE <u>Texas</u>	
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL PARTICULARS				
3 SEX		4 COLOR OR RACE		17. DATE OF DEATH					
<u>Male</u>		<u>White</u>		<u>August 26th</u>		<u>1943</u>			
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD)		<u>Infant</u>							
6 DATE OF BIRTH		<u>Aug. 10, 1943</u>							
7 AGE		YEARS		MONTHS		DAYS		IF LESS THAN 1 DAY	
						<u>16</u>		HOURS MIN	
8A. TRADE, PROFESSION OR KIND OF WORK DONE		<u>Infant</u>							
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED									
9. BIRTHPLACE (STATE OR COUNTRY)		<u>Houston, Texas</u>							
10 NAME		<u>Harris Underwood Jr.</u>							
11. BIRTHPLACE (STATE OR COUNTRY)		<u>Houston, Texas</u>							
12. MAIDEN NAME		<u>Ruth Kercheville</u>							
13. BIRTHPLACE (STATE OR COUNTRY)		<u>San Antonio, Texas</u>							
14 SIGNATURE		<u>Harris Underwood Jr.</u>							
ADDRESS		<u>2521 Prospect, Houston, TEXAS</u>							
15. PLACE OF BURIAL OR REMOVAL		<u>Forest Park Cemetery, Houston, TEXAS</u>							
DATE		<u>August 27th</u>							
16 SIGNATURE		<u>GEO. H. LEWIS & CO. (Geo. H. Lewis #8)</u>							
ADDRESS		<u>2404 Caroline St., Houston, TEXAS</u>							
17. DATE OF DEATH		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM		19. I LAST SAW HIM ALIVE ON		20. THE DEATH OCCURRED ON THE DATE STATED ABOVE AT			
		<u>8/15</u> 1943 TO <u>8/26</u> 1943		<u>8/26</u> 1943		<u>1:30 A.</u> M.			
THE PRIMARY CAUSE OF DEATH WAS:		DURATION							
<u>Dysentery</u>		<u>4 days</u>							
CONTRIBUTORY CAUSES WERE									
IF NOT DUE TO DISEASE, SPECIFY WHETHER ACCIDENT, SUICIDE, OR HOMICIDE									
DATE OF OCCURRENCE									
PLACE OF OCCURRENCE									
MANNER OR MEANS									
IF RELATED TO OCCUPATION OF DECEASED, SPECIFY									
SIGNATURE		<u>K. A. Petri</u>							
ADDRESS		<u>Houston, TEXAS</u>							
20. FILE NUMBER		FILE DATE		SIGNATURE OF LOCAL REGISTRAR		POSTOFFICE ADDRESS			
<u>37478</u>		<u>SEP 1 1943</u>		<u>R. W. Albon</u>		<u>HOUSTON, TEXAS</u>			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

