

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

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

41664
REGISTRAR'S NO.

COUNTY OF Brazoria

CITY OR PRECINCT NO. _____ NO. _____ STREET _____
IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.

LENGTH OF RESIDENCE IN CITY 58 7 25 HOW LONG IN U. S. IF
WHERE DEATH OCCURRED YEARS MONTHS DAYS FOREIGN BORN? YEARS MONTHS DAYS

2. FULL NAME OF DECEASED John Hanks Underwood

RESIDENCE OF THE DECEASED NO. _____ STREET _____ CITY East Columbia STATE Texas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE MARRIED WIDOWED DIVORCED Single
(WRITE THE WORD)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1879

7. AGE 58 YEARS 7 MONTHS 25 DAYS IF LESS THAN 1 DAY _____ HRS. MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Attorney

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Office

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) East Columbia, Texas

FATHER 13. NAME Joseph Patterson Underwood

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Columbia, Texas

MOTHER 15. MAIDEN NAME Louisa Hanks

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsboro, N. Carolina

17. INFORMANT Mrs. G. P. Munson
(ADDRESS) East Columbia, Texas

18. BURIAL REMOVAL PLACE West Columbia, Texas Sept. 17, 1937

19. UNDERTAKER Lee Funeral Home, R. N. Howard
(ADDRESS) Angleton, Texas

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR 9-20 1937 J. J. O'Neil
(FILE DATE) (SIGNATURE)

MEDICAL PARTICULARS

21. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 16, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Sept 13, 1937, TO Sept 16, 1937

I LAST SAW HIM ALIVE ON Sept 16, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8:35 P.M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Coronary Thrombosis

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION None DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? None WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

ACCIDENT, SUICIDE, OR HOMICIDE Natural Causes

DATE OF INJURY _____, 1937

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 _____

NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No

IF SO, SPECIFY (SIGNED) M. A. Weems M. D. (ADDRESS) East Columbia Texas

