

WRITE PLAINLY WITH UNFAIDING INK—THIS IS A PERMANENT RECORD

Where Stillborn is 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.

1 PLACE OF DEATH

County Harris

City Houston, Texas (No. 4101 Main Street St., _____ Ward)

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

1968 B. O. V. S.
Reg. Dis. No. _____
Registered No. 82 **D**
Ward) _____

2 FULL NAME John C. Underwood (a) RESIDENCE. No 4101 St., Main Street
Length of residence in city or town where death occurred 22 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

6 DATE OF BIRTH April 4, 1863
(Month) (Day) (Year)

7 AGE 62 yrs 9 mos 7 ds
If less than 2 years state if breast fed Yes No If less than 1 day _____ hrs. _____ mins.

8 OCCUPATION (a) Trade, profession or particular kind of work Gas Dealer
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Columbia, Texas

PARENTS

10 NAME OF FATHER Armon Underwood

11 BIRTHPLACE OF FATHER (State or country) Mass.

12 MAIDEN NAME OF MOTHER Rachel Carson

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE (Informant) Armon Underwood,
La Porte, Texas.
(Address)

15 JAN 12 1926
Filed _____ 192____ Registrar. [Signature]

MEDICAL PARTICULARS

16 DATE OF DEATH 1711 ~~1972~~
January 11, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That _____ attended deceased from _____, 1926, to _____, 1926 that I last saw him alive on _____, 1926 and that death occurred on the date stated above, at 12 m. The CAUSE OF DEATH was as follows:

Contributory (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted _____ if not at place of death? _____ Had an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) _____, M. D. Jan. 11, 1926 (Address) City.

*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.

19 PLACE OF BURIAL OR REMOVAL Columbia, Texas DATE OF BURIAL Jan. 13, 1926

20 UNDERTAKER Settegast-Kopf Co. ADDRESS 1211 Main.