

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

Reg. Djs. No.
 Registered No. **5124**

B.O.V.S.
 FROM **D**

1 PLACE OF DEATH

County *Brazoria*

City *Columbia*

(No. St.; Ward)

2 FULL NAME *Joseph Patterson Underwood*

RESIDENCE. No. St.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *79* yrs. *11* mos. *5* 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 American* 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widower*

6 DATE OF BIRTH *February 26 1845*
 (Month) (Day) (Year)

7 AGE *79* yrs. *11* mos. *5* 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 *Merchant*
 (b) General nature of industry, business or establishment in which employed (or employer) *Gen. Store*

9 BIRTHPLACE (State or country) *Brazoria Co. Texas*

10 NAME OF FATHER *Ammon Underwood*

11 BIRTHPLACE OF FATHER (State or country) *Lowell Mass. U.S.A.*

12 MAIDEN NAME OF MOTHER *Rachel J. Carson*

13 BIRTHPLACE OF MOTHER (State or country) *La.*

14 THE ABOVE IS TRUE
 (Informant) *W. A. Wernus*
 (Address) *Columbia Texas*

15 Filed *2-11-25* *G. G. Davis* Registrar

MEDICAL PARTICULARS **3954**

16 DATE OF DEATH *February 1 1925*
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan 26 1925* to *Feb 1 1925* that I last saw him alive on *Feb 1 1925* and that death occurred, on the date stated above, at *8:45 am*.

The CAUSE OF DEATH* was as follows:
Douglas Pneumonia following influenza
 (duration) yrs. mos. *7* ds.

Contributory (Secondary) *Senility*
 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis? *none*

(Signed) *W. A. Wernus*, M. D.

Feb 7 1925 (Address) *Columbia Texas*

*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. (See reverse side for State Statutes.)

19 PLACE OF BURIAL OR REMOVAL *West Columbia Tex* DATE OF BURIAL *Feb 2 1925*

20 UNDERTAKER *Taylor Bros.* ADDRESS *Bay City Texas*

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 that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE IN INK WITH UNFADING INK—THIS IS A FEDERAL RECORD