

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—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.

PLACE OF DEATH

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

County GALVESTON

City GALVESTON

Registered No.

(No. *St. Mary's Infirmary* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

15292

FULL NAME *Underwood Kate*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

SEX *Female* COLOR OR RACE *A.S.* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

DATE OF DEATH *June 8* 191*2*

DATE OF BIRTH *Feb 20* 191*8*

I HEREBY CERTIFY, that I attended deceased from *June 2* 191*2* to *June 8* 191*2* that I last saw h. *or* alive on *June 8* 191*2*

Age *43* yrs. *5* mos. *1* da.

and that death occurred on the date stated above at *12* m. The CAUSE OF DEATH* was as follows:

OCCUPATION *Homewife*

Cerebral Hemorrhage

BIRTHPLACE *Columbia Tex*

CONTRIBUTORY (Secondary) *Cerebral Hemorrhage*

NAME OF FATHER *J. P. Underwood*

(Signed) *Brooks Stafford* M. D. *4/8* 191*2* (Address) *Dalton*

BIRTHPLACE OF FATHER *Columbia Tex*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

MAIDEN NAME OF MOTHER *Louisa Hawks*

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death *10* yrs. *10* mos. *10* da. In the State *Tex*

BIRTHPLACE OF MOTHER *Pittsburg N.C.*

Where was disease contracted if not at place of death *Columbia Tex*

THE ABOVE I MAKE TO THE BEST OF MY KNOWLEDGE (Informant) *Brooks Stafford*

PLACE OF BURIAL OR REMOVAL *Columbia Tex* DATE OF BURIAL *June 9* 191*2*

(Address) *Dalton*

UNDERTAKER *J. P. Malloy* ADDRESS *2441 E*

Filed *J. A. Bennett* 191*2* REGISTRAR