



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.

43813

1. PLACE OF DEATH  
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

REGISTRAR'S NO. 221

COUNTY OF Smith

STANDARD CERTIFICATE OF DEATH

CITY OR PRECINCT NO. Tyler NO. 625 STREET W. Elm

IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.

LENGTH OF RESIDENCE WHERE DEATH OCCURRED 40 YEARS MONTHS DAYS. FOREIGN BORN? \_\_\_\_\_ YEARS MONTHS DAYS

2. FULL NAME OF DECEASED DABNEY WHITE

RESIDENCE OF THE DECEASED NO. 625 STREET W. Elm CITY Tyler STATE Texas

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE Married MARRIED WIDOWED DIVORCED (WRITE ABOVE)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 22, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Burke White

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan. 1933 TO Sept. 22 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 22, 1873

I LAST SAW HIM ALIVE ON Sept. 22 1939

7. AGE 66 YEARS 7 MONTHS 0 DAYS OR 1 DAY 0 HRS. 0 MIN.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Hypostatic pneumonia DATE OF ONSET \_\_\_\_\_

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

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Arteriosclerosis - Hypertension

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

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) \_\_\_\_\_ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION \_\_\_\_\_

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dr. T. Ward White

WHAT TEST CONFIRMED DIAGNOSIS? Clinical WAS THERE AN AUTOPSY? No

13. NAME Don't know

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

DATE OF INJURY \_\_\_\_\_, 193\_\_

15. MAIDEN NAME \_\_\_\_\_

WHERE DID INJURY OCCUR? \_\_\_\_\_ (SPECIFY CITY OR TOWN, COUNTY AND STATE)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRIAL, IN HOME, OR IN PUBLIC PLACE.

17. INFORMANT Mrs. Dabney White

MANNER OF INJURY \_\_\_\_\_

(ADDRESS) Tyler, Texas

NATURE OF INJURY \_\_\_\_\_

18. BURIAL REMOVAL Rose Hill Cem 9-23-1939

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? \_\_\_\_\_

19. UNDERTAKER BURKS-WALKER DANIELS FUNERAL HOME

IF SO, SPECIFY \_\_\_\_\_

(ADDRESS) J. N. James #462

(SIGNED) L. R. Rhine M. D.

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR 9-27-1939 G. V. M. Waller (SIGNATURE) Sturges Sq (ADDRESS)

