

1 PLACE OF DEATH
State of Texas

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
Standard Certificate of Death.

Registrar's No. 1721

COUNTY OF HARRIS

CITY OR
PRECINCT HOUSTON

No. 1120

Street AUTREY ST.

2 FULL NAME
OF DECEASED CORNELIUS CECIL LUCID

Residence

No. 1120

Street AUTREY ST.

29052

Length of residence in
city where death occurred 20 yrs. mos. days

How long in U. S.
If foreign born? 54 yrs. mos. days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3. SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED,
OR DIVORCED (Write the word)

MALE WHITE MARRIED.

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE MRS INA LUCID.

6 DATE OF BIRTH
(Month, day, and year) FEB 24 1874.

7 AGE Yrs. Months Days If LESS than
1 day, hrs.
or min.)
✓ 57 4 1

8 OCCUPATION OF DECEASED
(a) Trade, profession or
particular kind of work. LEASE DEPT. TEXAS CO.
(b) General nature of industry,
business, or establishment in
which employed (or employer)

9 BIRTHPLACE
(State or country) TEXAS DUBLIN IRELAND.

10 NAME OF
FATHER LUCID.

11 BIRTHPLACE OF
FATHER
(State or country) IRELAND.

12 MAIDEN NAME
OF MOTHER MARY DEAN.

13 BIRTHPLACE
OF MOTHER
(State or country) IRELAND.

14 Signature of
informant MRS INA LUCID.

Address KE# 1120 AUTREY ST

15 FILED
JUN 27 1931 1931 W. McDonald Registrar.

16 DATE
OF DEATH JUNE 25 1931. 1931

I HEREBY CERTIFY, That I attended deceased from
June 25 -, 1931, to June 25, 1931,
that I last saw him alive on June 25, 1931,
and that death occurred on the date stated above, at 9:45 P.M.
The CAUSE OF DEATH was as follows:
Angina Pectoris

CONTRIBUTORY (Secondary) D-K
(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No.
What test confirmed diagnosis? Chemical

(Signed) E. W. Acumbert M. D.
June 26, 1931 (Address Donneton Tex)

19 PLACE OF BURIAL OR
REMOVAL HOLY CROSS CEMETERY DATE OF BURIAL
JUNE 27 1931

20 UNDERTAKER EARTHMAN CO ADDRESS
F 6377 2420 FANNIN ST.

