

1 PLACE OF DEATH

TEXAS STATE BOARD OF HEALTH

Reg. 36287 B. O. V. S.
1430 FOR D
Registered No. 22750

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

County Tarrant City Fort Worth (No. 3120 Chenault St., 22750 Ward)2 FULL NAME Howard Murphy (a) RESIDENCE, No. 3120 St., Chenault

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH

June 1, 1882
(Month) (Day) (Year)

7 AGE

If less than 2 years state if breast fed 44 yrs. 9 mos. 7 ds.
If less than 1 day

Yes.....No..... hrs.....mins.

8 OCCUPATION

(a) Trade, profession or particular kind of work. Sand & Gravel Exc. Cephalitis

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ala10 NAME OF FATHER Joseph Murphy11 BIRTHPLACE OF FATHER (State or country) Ala12 MAIDEN NAME OF MOTHER Elizabeth Bennett13 BIRTHPLACE OF MOTHER (State or country) Ala

14 THE ABOVE IS TRUE

(Informant) Mrs. Howard Murphy(Address) 3120 Chenault15 Filled 10-6-6 Margaret Green

Registrar.

MEDICAL PARTICULARS

16 DATE OF DEATH

Oct 5, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

....., 1925, to, 1926.

that I last saw him alive on 5th Oct, 1926and that death occurred on the date stated above, 11th.

The CAUSE OF DEATH* was as follows:

Exc. Cephalitis
(duration) 1 yrs. mos. ds.Contributory Age
(Secondary)(duration) 1 yrs. mos. ds.18 Where was disease contracted as said to

If not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis Tests(Signed) J. W. Tashert M. D.Oct 5, 1926. (Address) 41 South East B. B.

*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

Mount Olivet Oct 6, 1926

20 UNDERTAKER

AD RES