

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

7314

1. PLACE OF DEATH
STATE OF TEXAS
COUNTY OF Harris
CITY OR PRECINCT NO. Houston 303 W. 8th.
GIVE STREET AND NUMBER OR NAME OF INSTITUTION
2. FULL NAME OF DECEASED George Whitney Whiteman
LENGTH OF RESIDENCE WHERE DEATH OCCURRED 40 YEARS MONTHS DAYS. (SOCIAL SECURITY NO.)
RESIDENCE OF THE DECEASED | STREET AND NO. 303 W.8th. | CITY Houston, Texas | COUNTY Harris | STATE

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL PARTICULARS	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	17. DATE OF DEATH <u>2/10/47</u>	19 <u>47</u>		
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>Married</u>		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Jan 8</u> 19 <u>47</u> TO <u>Feb 10</u> 19 <u>47</u> LAST SAW H. <u>LM</u> ALIVE ON <u>Feb 10</u> 19 <u>47</u>			
6. DATE OF BIRTH <u>Dec. 23, 1884</u>		THE DEATH OCCURRED ON THE DATE STATED ABOVE AT <u>10:15 p.</u> M.			
7. AGE YEARS <u>62</u>	MONTHS <u>1</u>	DAYS <u>18</u>	IF LESS THAN 1 DAY HOURS <u> </u> MIN <u> </u>	THE PRIMARY CAUSE OF DEATH WAS:	
8A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Deputy Constable</u>		Aneurysm, aorta, dissecting type.			
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED <u>None</u>					
9. BIRTHPLACE (STATE OR COUNTRY) <u>Ill.</u>		DURATION			
10. NAME <u>John Whiteman</u>		CONTRIBUTORY CAUSES WERE			
11. BIRTHPLACE (STATE OR COUNTRY) <u>N.Y.</u>		<u>Aterio sclerosis</u>			
12. MAIDEN NAME <u>Louise Wagner</u>					
13. BIRTHPLACE (STATE OR COUNTRY) <u>Germany</u>		IF NOT DUE TO DISEASE, SPECIFY WHETHER: ACCIDENT, SUICIDE, OR HOMICIDE			
14. SIGNATURE <u>Mrs. Eva Koneman</u>		DATE OF OCCURRENCE			
ADDRESS <u>Houston TEXAS</u>		PLACE OF OCCURRENCE			
15. PLACE OF BURIAL OR REMOVAL <u>Hollywood TEXAS</u>		MANNER OR MEANS			
DATE <u>2/12/47</u> 19 <u>47</u>		IF RELATED TO OCCUPATION OF DECEASED, SPECIFY			
16. SIGNATURE <u>Ray Duval</u>		SIGNATURE <u>William M. Donohue</u> M.D.			
ADDRESS <u>Houston TEXAS</u>		ADDRESS <u>Houston TEXAS</u>			



20. FILE NUMBER 0574 | FILE DATE FEB 12 1947 | SIGNATURE OF LOCAL REGISTRAR W. J. Alban | POSTOFFICE ADDRESS Houston TEXAS

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE