

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
state the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION
is very important.

PLACE OF DEATH

H. Brumby
Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

County Brewer

City San Antonio

(No. Home Draining Ave Ward)

Registered No. 7233

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

FULL NAME Ed. Edward Waddell

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the Word.)

DATE OF DEATH 4 / 1 / 1914
(Month) (Day) (Year)

DATE OF BIRTH Oct 13 1874
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 27 1914 to 4 1914
that I last saw him alive on Feb 27 1914

AGE 36 yrs. 5 mos. 16 ds.

and that death occurred on the date stated above at 2:30 p.m.
The CAUSE OF DEATH* was as follows.

OCCUPATION (a) Trade, profession, or particular kind of work. Prof. Attache
(b) General nature of industry, business or establishment in which employed (or employer).

Tuberculosis (pulmonary)
(Duration) One yrs. — mos. — ds.

BIRTHPLACE (State or country) Ta.

Contributory (Secondary) (Duration) — mos. — ds.

NAME OF FATHER John Waddell

(Signed) H. Brumby M.D.
(Duration) — mos. — ds.

BIRTHPLACE OF FATHER (State or country) Scotland

(Address) San Antonio, Tex.

MAIDEN NAME OF MOTHER Mary Forbes

BIRTHPLACE OF MOTHER (State or country) N.Y.

*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) F. H. Johnston

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death — yrs. 1 mos. 6 ds. In the — yrs. 4 mos. — ds.
Where was disease contracted if not at place of death? Hentstubby
Former or usual residence

(Address) 224 Wilkerson Ave.

PLACE OF BURIAL OR REMOVAL Mission B. Park DATE OF BURIAL 4 / 2 / 1914

Filed 4 / 2 / 1914

REGISTRAR Malley Loring Co. San Antonio