

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

1 PLACE OF DEATH
STATE OF TEXAS

COUNTY OF

CITY OR
PRECINCT NO.

Registrar's No.

2. FULL NAME
OF DECEASED

Length of residence in
city where death occurred

yrs.

mos.

days

No.

Street

How long in U. S.
if foreign born?

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. ~~SINGLE~~

(write the word)

~~MARRIED~~
~~WIDOWED~~
~~DIVORCED~~

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH
(month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

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

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
(month, day, and year)

22.

I HEREBY CERTIFY, That I attended deceased from

Sept 5

1937

to Sept 27

1937

I last saw him alive on Sept 27, 1937; death is said to have
occurred on the date stated above, at 7:00 p. m.

The principal cause of death and related causes of importance
were as follows:

Chondroma of ribs and
clavical.

Date of
onset

Other contributory causes of importance:

Shock following surgery

Name of operation Removal of tumor date of Sept 27, 37

What test confirmed diagnosis Physical exam & surgery no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

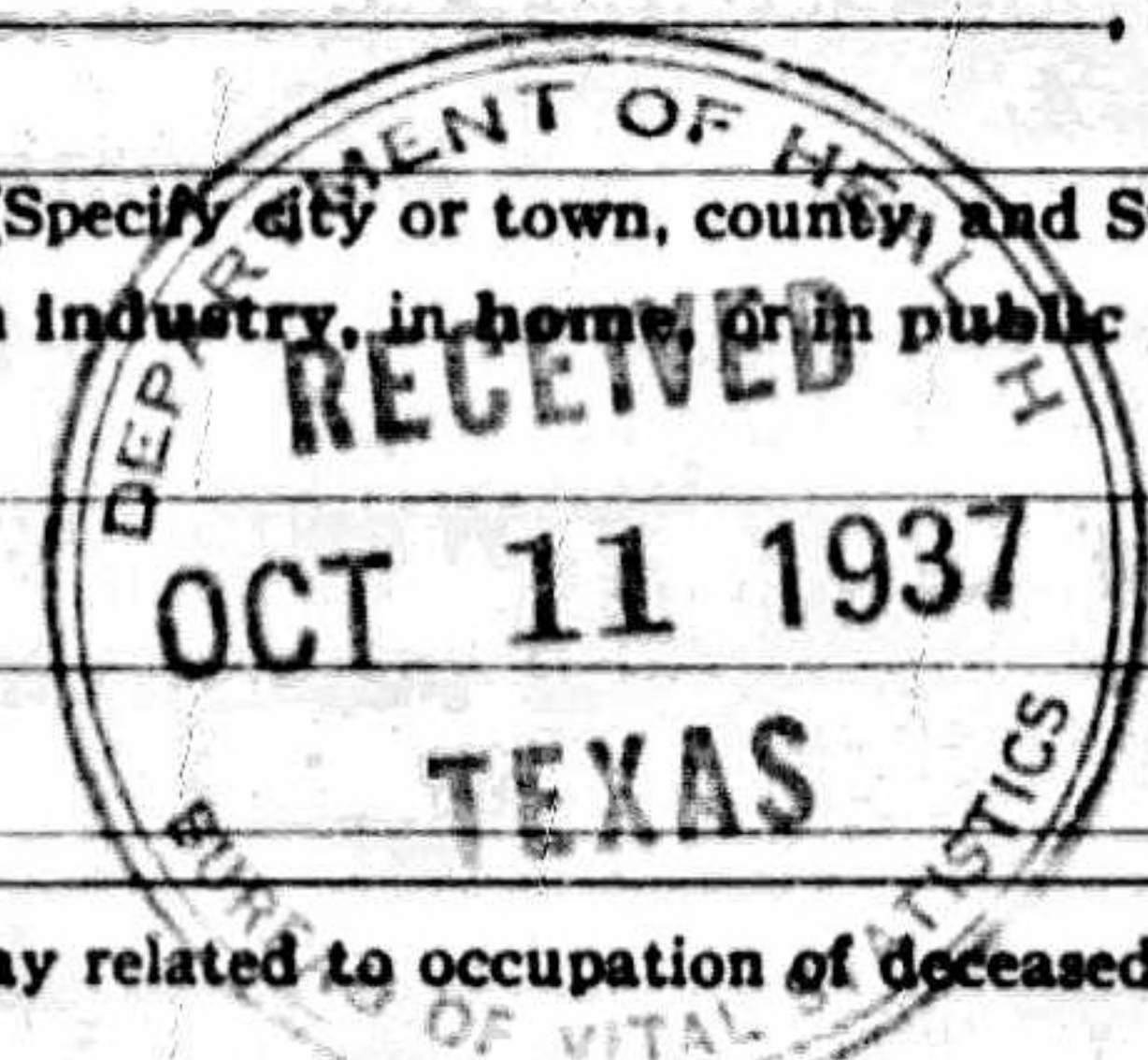
24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.



Robert Gray Lee
Sipe Springs, Texas