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IF NON-RESIDENT, be careful to give the complete residence of the deceased, stating both city, county and state. The residence is the usual place of abode.

TEXAS STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		Registrar's No. <u>226</u> <u>14398</u>
1. PLACE OF DEATH STATE OF TEXAS		
COUNTY OF <u>Ellis</u>		
CITY OR PRECINCT NO. <u>Precinct One</u>		
If in an Institution, give name of Institution instead of Street and No.		
Length of residence in city where death occurred <u>30</u> yrs. <u>0</u> mos. <u>0</u> days. How long in U. S. if foreign born? yrs. mos. days.		
2. FULL NAME OF DECEASED <u>Mrs Martha Sue Prather</u>		
RESIDENCE OF THE DECEASED No. <u>Rockett Road</u> <u>3</u> Miles out City _____ State _____		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	21. DATE OF DEATH <u>March 20</u> 19 <u>37</u>
5. Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <u>widow</u>		(month, day, and year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>F. M. Prather</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 28</u> 19 <u>37</u> to <u>Mar 19</u> 19 <u>37</u>
6. DATE OF BIRTH (month, day, and year) <u>June 12</u> 18 <u>64</u>		I last saw her alive on <u>March 19</u> 19 <u>37</u> ; death is said to have occurred on the date stated above, at <u>3 A.</u> m. The principal cause of death and related causes of importance were as follows: <u>Perforated ovary lip</u>
7. AGE <u>72</u> Years <u>9</u> Months <u>8</u> Days	If LESS than 1 day, _____ hrs. or _____ min.	Date of onset _____
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Housekeeper</u>		Other contributory causes of importance: <u>Senile Dementia</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Name of operation <u>none</u> date of _____
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	What test confirmed diagnosis <u>clinical</u> Was there an autopsy? <u>no</u>
12. BIRTHPLACE (City or Town) (State or Country) <u>Ala</u>		23. If death was due to external causes (violence) fill in also the following:
13. NAME <u>James Aday</u>		Accident, suicide, or homicide? <u>no</u>
14. BIRTHPLACE (City or Town) (State or Country) <u>Ala</u>		Date of injury _____ 19 _____
15. MAIDEN NAME <u>Martha Sue Jones</u>		Where did injury occur? _____ (Specify city or town, county, and State)
16. BIRTHPLACE (City or Town) (State or Country) <u>ALA.</u>		Specify whether injury occurred in Industry, in home, or in public place.
17. INFORMANT <u>J. M. Prather</u>		Manner of injury _____
(Address) <u>Waxahachie Texas R. D.</u>		Nature of injury _____
18. BURIAL, CREMATION, OR REMOVAL Place <u>City CEM</u> Date <u>March 27</u> 19 <u>37</u>		24. Was disease or injury in any way related to occupation of deceased? <u>no</u>
19. UNDERTAKER <u>J. M. Prather</u>		If so, specify _____
(Address) <u>Waxahachie Texas</u>		(Signed) <u>J. Edward Jones</u> M. D.
20. SIGNATURE OF REGISTRAR _____		(Address) <u>Waxahachie Texas</u>
FILE DATE <u>3-31</u> 19 <u>37</u> <u>C. O. Adams</u>		

