

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.

1. PLACE OF DEATH STATE OF TEXAS		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		37323 2519 REGISTRAR'S NO.	
COUNTY OF <u>HARRIS</u>		CITY OR PRECINCT NO. <u>HOUSTON</u>		NO. <u>3010</u> STREET <u>CAROLINE</u>	
IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.					
LENGTH OF RESIDENCE IN CITY WHERE DEATH OCCURRED <u>44</u> YEARS <u>00</u> MONTHS <u>00</u> DAYS		HOW LONG IN U. S. IF FOREIGN BORN? <u>40</u> YEARS <u>00</u> MONTHS <u>00</u> DAYS			
2. FULL NAME OF DECEASED		MRS. ANNIE CALDWELL			
RESIDENCE OF THE DECEASED NO. <u>3010</u> STREET <u>CAROLINE</u>		CITY <u>HOUSTON</u>		STATE <u>TEXAS</u>	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE MARRIED WIDOWED DIVORCED (WRITE THE WORD) <u>WIDOWED</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>OLIVER B. CALDWELL</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APRIL 24, 1856</u>					
7. AGE <u>82</u> YEARS <u>3</u> MONTHS <u>16</u> DAYS IF LESS THAN 1 DAY, <u>00</u> HRS. <u>00</u> MIN.					
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>RETIRED</u>					
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) <u>TEXAS</u>					
13. NAME <u>DR. ANTHONY T. MORRIS</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>PENNSYLVANIA</u>					
15. MAIDEN NAME <u>MAGGIE HARRIS</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>NORTH CAROLINA</u>					
17. INFORMANT <u>W. M. CALDWELL</u>					
(ADDRESS) <u>HOUSTON, TEXAS.</u>					
18. BURIAL REMOVAL PLACE <u>AUSTIN, TEXAS</u> DATE <u>AUGUST 10, 1938</u>					
19. UNDERTAKER <u>EARTHMAN FUNERALS INC. J.B.EARTHMAN #1152</u>					
(ADDRESS) <u>HOUSTON, TEXAS.</u>					
20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR <u>AUG 10 1938</u> <u>G. G. Wale</u>					
(FILE DATE) (SIGNATURE)					
MEDICAL PARTICULARS					
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>AUGUST 9, 1938</u>					
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>February 17, 1938</u> TO <u>August 9, 1938</u>					
I LAST SAW HIM ALIVE ON <u>August 9, 1938</u>					
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Cerebral Hemorrhage</u> <u>February 17</u>					
<u>Unconscious from then to death</u> <u>Subdural</u>					
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Arterio Sclerosis</u> <u>years</u>					
NAME OF OPERATION DATE OF					
WHAT TEST CON. <u>Clinical symptoms</u> WAS THERE AN AUTOPSY? <u>no</u>					
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: <u>ACCIDENT, SUICIDE, OR HOMICIDE</u> <u>V</u>					
DATE OF INJURY <u>V</u> 193 <u>8</u>					
WHERE DID INJURY OCCUR? <u>V</u> (SPECIFY CITY OR TOWN, COUNTY, AND STATE)					
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE.					
MANNER OF INJURY <u>V</u>					
NATURE OF INJURY <u>V</u>					
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?					
IF SO, SPECIFY <u>V</u>					
(SIGNED) <u>J. Edward Fodges</u> M. D.					
(ADDRESS) <u>2815 main</u>					