NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillborn is given as cause of Death, file birth Certificate. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 PLACE OF DEATH

TEXAS STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

B. O. V. S. FORM D

Reg. Dis. No.....

Registered No.....

County Victoria

City..... (No....., ... St.; ..... Ward)

2 FULL NAME Marie A. Wissemann (F) RESIDENCE. No..... St., ...

(If nonresident give city or town and State)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S., if of foreign birth?.....yrs.....mos.....ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

6 DATE OF BIRTH

..... (Month) ..... (Day), 1..... (Year)

7 AGE 84 yrs. — mos. — ds.

If less than 2 years state if breast fed

Yes..... No.....

If less than 1 day

.....hrs. .....mins.

8 OCCUPATION

(a) Trade, profession, or general nature of work

(b) Industry or business in which work was done

(c) Employer

MEDICAL EARTICULARS

16 DATE OF DEATH

9 (Month) 28 (Day), 1908 (Year)

17 I HEREBY CERTIFY, That I attended deceased from

....., 192....., to....., 192.....

that I last saw h.....alive on....., 192.....

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

.....ds.

.....ds.

.....

.....

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