

STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHSTATE FILE NO. 479

1. PLACE OF DEATH a. COUNTY Kaufman		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Hunt	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Terrell, Texas		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Greenville, Texas	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Terrell State Hospital		d. STREET ADDRESS (If rural, give location) Route 3	
3. NAME OF DECEASED (Type or Print) a. (First) Nannie		b. (Middle) Ann	
		c. (Last) Barker	
		4. DATE OF DEATH 2-4-1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 7-27-1876
9. AGE YEARS MONTHS DAYS 79 6 7		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (State or foreign country) Calhoun Co., Alabama			
12. FATHER'S NAME Moses Ashley		BIRTHPLACE Alabama	
13. MOTHER'S MAIDEN NAME Sara Criswell		BIRTHPLACE Alabama	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		15. SOCIAL SECURITY NO.	
		16. INFORMANT'S SIGNATURE Records, Terrell State Hospital, Terrell, Texas	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 3 days		5 yrs.	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT (Specify) SUICIDE HOMICIDE		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)			
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20f. HOW DID INJURY OCCUR?			
21. I hereby certify that I attended the deceased from Feb. 3, 1956, to Feb. 4, 1956, that I last saw the deceased alive on Feb. 4, 1956, and that death occurred at 2:40 A.M., from the causes and on the date stated above.			
22a. SIGNATURE E. T. Shaw		22b. ADDRESS Box #58 - Terrell, Texas	
		22c. DATE SIGNED 2-4-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-4-1956	
23c. NAME OF CEMETERY OR CREMATORY			
23d. LOCATION (City, town, or county) (State) Greenville, Texas		24. FUNERAL DIRECTOR'S SIGNATURE Gray-Sorrells Funeral Home - B. H. Jones, Jr.	
25a. REGISTRAR'S FILE NO. 773		25b. DATE REC'D BY LOCAL REGISTRAR 2-4-56	
25c. REGISTRAR'S SIGNATURE EDWARD G. BRIGGS			