

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

Registrar's No.

COUNTY OF

CITY OR PRECINCT NO. No. Street.
If in an institution, give name of institution instead of Street and No.

Length of residence in city where death occurred yrs. mos. days. How long in U. S. if foreign born? yrs. mos. days

2 FULL NAME OF DECEASED

RESIDENCE OF THE DECEASED No. Street. City. State.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 4. COLOR OR RACE 5. Single Married
Widowed Divorced
(Write the word)

11. DATE OF DEATH 193
DO I HEREBY CERTIFY That I attended deceased from

6a. If
MARRIED
(or)
6. DA
(month)

7. AG

OCCUPATION
8. ki.
9. we
10. mi
11. in

12. BE.
(City
State)

13.

FATHER

14. (C
(P)

15.

MOTHER

16. BIRTHPLACE
(City or Town)
(State or Country)

17. INFORMANT

(Address)

18. BURIAL

REMOVAL Place Date, 193

19. UNDERTAKER

(Address)

20. SIGNATURE OF REGISTRAR

FILE

DATE

193

A 1145-REPORT OF DEATH-Class 8

No. To the Clerk of the County Court of Tarrant County, Texas.

Name of Deceased Ernest N Farmer Race white

Nativity American Sex M Age 35 Year. Months Days

Residence White Settlement Place of Death White Settlement

Died on the 1st day of April 1930, about 10 a m. Alien or Citizen A

CAUSE OF DEATH

Immediate Cause Carbolic acid poisoning

Contributory Cause

YEARS	DURATION		
	MONTHS	DAYS	HOURS
6	6	6	6

THE ABOVE STATED PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Dated this 16 day of April, 1930

Signed M. E. Gilmore Address 7th Street
(Physician, Accoucheur or Coroner)

Where did injury occur?
(Specify city or town, county, and State)
 Specify whether injury occurred in industry, in house, or in public place

Manner of injury

Nature of injury

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

If so, specify

(Signed) M. D.

(Address)