

TEXAS STATE BOARD OF HEALTH  
**BUREAU OF VITAL STATISTICS**  
 STANDARD CERTIFICATE OF DEATH

Reg. Dis. No. 69 H. O. V. S.  
 Registered No. 376  
14212 (Ward)

1 PLACE OF DEATH

County Jarvis  
 City J. L. Worth (No. Lake Worth St.,

2 FULL NAME William Gunn

(a) RESIDENCE. No. Central Hotel  
 (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 Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

6 DATE OF BIRTH Sept. Know  
 (Month) (Day) (Year)

7 AGE 50 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 If less than 2 years state if breast fed If less than 1 day  
 Yes \_\_\_\_\_ No \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

8 OCCUPATION  
 (a) Trade, profession or particular kind of work Base Ball Umpire  
 (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Don't Know

10 NAME OF FATHER " "

11 BIRTHPLACE OF FATHER (State or country) " "

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (State or country) " "

14 THE ABOVE IS TRUE  
 (Informant) L. H. Hiss  
 (Address) 1421 Glenwood ave

15 Filed Apr. 29 1927 Central Hotel  
 Registrar J. W. Wilford

MEDICAL PARTICULARS

16 DATE OF DEATH April 26 1927  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 192\_\_\_\_, to \_\_\_\_\_, 192\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 192\_\_\_\_, and that death occurred on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:  
Drowned  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Causes Unknown  
 (Secondary) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted?  
 If not at place of death?  
 Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_  
 Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis?  
 (Signed) H. B. Balch, Jr.  
 \_\_\_\_\_, 192\_\_\_\_ (Address)

\*State the disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal.

19 PLACE OF BURIAL OR REMOVAL Greenwood DATE OF BURIAL 4 30 1927

20 UNDERTAKER W. Wilford ADDRESS City

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 proper terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.