

12,9-1-0-2-129-0-0

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

4900 30

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

7574

1. PLACE OF DEATH a. COUNTY Kaufman			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Kaufman			
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Terrell		c. LENGTH OF STAY (in this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Elmo #4		
d. FULL NAME OF HOSPITAL OR INSTITUTION Friddell Hospital			d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Linton		c. (Last) Griffin		4. DATE OF DEATH February 11, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 11, 1886		9. AGE YEARS 63 MONTHS 7 DAYS 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster		10b. KIND OF BUSINESS OR INDUSTRY Postmaster	11. BIRTHPLACE (State or foreign country) Whitehouse, Texas			
12. FATHER'S NAME J. W. Griffin		BIRTHPLACE Texas	13. MOTHER'S MAIDEN NAME Ondelia Killingsworth		BIRTHPLACE Texas	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	15. SOCIAL SECURITY NO. (If you give war or dates of service) No	466-11-1206	16. INFORMANT'S SIGNATURE J. W. Griffin, Jr.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) pneumonia 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 9 to 10 Days
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION				
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TEXAS DEPARTMENT OF HEALTH REC'D MAR 10 1950 BUREAU OF VITAL STATISTICS				
20a. ACCIDENT SUICIDE HOMICIDE (Specify)	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)	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 2-2, 1950, to 2-11, 1950, that I last saw the deceased alive on 2-11, 1950, and that death occurred at 6:40 P.M., from the causes and on the date stated above.						
22a. SIGNATURE (Degree or title) D. F. Friddlee M.D.			22b. ADDRESS Terrell, Texas		22c. DATE SIGNED 2-11-50	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-12-50	23c. NAME OF CEMETERY OR CREMATORY Elmo Cemetery			
23d. LOCATION (City, town, or county) (State) Elmo Texas		24. FUNERAL DIRECTOR'S SIGNATURE Anderson-Clayton Bros. - John T. Clayton				
25a. REGISTRAR'S FILE NO. 383	25b. DATE REC'D BY LOCAL REGISTRAR 2-11-50		25c. REGISTRAR'S SIGNATURE J. P. Riley			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

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