MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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

STANDARD CERTIFICATE OF DEATH

County Dallas

City Dallas

Registered No. 774

(No. Corinth & Wall St.; Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

[2]FULL NAME E.R.Taylor

PERSONAL AND STATISTICAL PARTICULARS

[3]SEX	[4]COLOR OR RACE	[5]SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
male	white	Divorced

[6]DATE OF BIRTH ..... (Month) ..... (Day) ..... 1..... (Year)

[7]Age 34 yrs. ..... mos. ..... ds.

[8]OCCUPATION
(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business or establishment in which employed (or employer) .....

[9]BIRTHPLACE (State or country) Palestine, Texas

PARENTS

[10]NAME OF FATHER .....

[11]BIRTHPLACE OF FATHER (State or country) .....

[12]MAIDEN NAME OF MOTHER Mrs. A.V.Taylor

[13]BIRTHPLACE OF MOTHER (State or country) .....

[14]THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. A.V.Taylor

(Address) Dallas

[15]

Filed ....., 191....; ..... Registrar

MEDICAL PARTICULARS

[16]DATE OF DEATH ..... (Month) ..... (Day) ..... 191..... (Year)

[17] I HEREBY CERTIFY, that I attended deceased from ..... 191....., to Jany 31-1912 ....., 191....

that I last saw h..... alive on ....., 191....

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

The CAUSE OF DEATH* was as follows:

Crushed Skull-St Ry Accident

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. A. Wade, M. D.

1-31-12, 191.... (Address) Dallas

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

[18]LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Hall & Colby Sts

[19]PLACE OF BURIAL OR REMOVAL Greenwood

DATE OF BURIAL 2-1-12, 191.....

[20]UNDERTAKER C. Smith & Bro. Undertaking Co.

ADDRESS Dallas

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