

1 PLACE OF DEATH

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

Reg. Dis. No. 8620
Registered No. **D**

City *Terrell* St. *Terrell* Ward)

2 FULL NAME *Emily Butler* RESIDENCE, No. *100* St., *Terrell*

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 *F* 4 COLOR OR RACE *Cal* 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

6 DATE OF BIRTH *Jan 24 1902* (Month) (Day) (Year)

7 AGE *26* yrs mos. ds. If less than 2 years state if breast fed *no* hrs mins.

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

9 BIRTHPLACE (State or country) *Texas*

10 NAME OF FATHER *Jacobson*

11 BIRTHPLACE OF FATHER (State of country) *Texas*

12 MARRIED NAME OF MOTHER *Stephan*

13 BIRTHPLACE OF MOTHER (State or country) *Texas*

14 THE ABOVE IS TRUE (Informant) *Stephan Jacobson* (Address) *Terrell, Texas*

15 Filled *2/27* 1928 *J. H. ...* Registrar

16 DATE OF DEATH *Feb 7* 1928 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Feb 7* 1928, to *Feb 7* 1928 that I last saw h *alive on* , 1928 and that death occurred on the date stated above, at *Terrell, Tex.* THE CAUSE OF DEATH* was as follows:

18 Where was disease contracted? *Terrell, Tex.* (duration) yrs. mos. ds.

If not at place of death? *Terrell, Tex.* (duration) yrs. mos. ds.

Did an operation precede death? *no* Date of *no*

Was there an autopsy? *no*

What test confirmed diagnosis? *no* (Signed) *Stephan Jacobson* (Address) *Terrell, Tex.* M. D.

*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 *Terrell, Tex.* DATE OF BURIAL *Feb 8 1928*

20 UNDERTAKER *Terrell, Tex.* ADDRESS *Terrell, Tex.*

WRI... PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
Where Stillborn is given as cause of Death, the birth Certificate, Every item of information should be care- fully 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.

Elizabeth + Duke O'Neal, Son



Elizabeth, dau. R-Emile