

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

COUNTY OF WALKER

**TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

STATE FILE NO.

STATE OF TEXAS

1. PLACE OF DEATH a. COUNTY <u>Walker</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>Walker</u>	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) <u>Huntsville</u>		c. CITY (If outside corporate limits, write RURAL and give precinct no.) <u>Beth Community</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Huntsville Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>X X</u>	
3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) <u>Wanda</u> c. (Last) <u>Wanda</u>		4. DATE OF DEATH <u>August 15, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 17, 1870</u>
9. AGE YEARS MONTHS DAYS <u>79</u>		10. PLACE OF BIRTH (State or foreign country) <u>Texas</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		12. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <u>John Perdue</u> BIRTHPLACE <u>Germany</u>		14. MOTHER'S MAIDEN NAME <u>Henry Leffner</u> BIRTHPLACE <u>Huntsville</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or date of service)		16. SOCIAL SECURITY NO.	
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, stroke, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>complications of prostate</u> ANTECEDENT CAUSES Mortal conditions, if any, giving rise to the above cause (a) during the underlying state last. DUE TO (b) _____ DUE TO (c) _____ 19. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		20a. PLACE OF INJURY (e.g., in automobile, home, farm, factory, street, office, etc.)	
20b. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		22. ADDRESS <u>Huntsville, Texas</u>	
23a. SIGNATURE <u>W. B. Veezy</u> (Degree or title) <u>MD</u>		23b. DATE SIGNED <u>8-18-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Beth Cemetery</u>	
24c. LOCATION (City, town, or county) (State) <u>Walker County Texas</u>		24d. FUNERAL DIRECTOR'S SIGNATURE <u>Huntsville Funeral Home (979)</u>	
25a. REGISTRAR'S FILE NO. <u>68</u>		25b. DATE FILED BY LOCAL REGISTRAR <u>8-18-49</u>	
25c. REGISTRAR'S SIGNATURE <u>Kate Burr Moss</u>			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

245050

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED IN THIS OFFICE ISSUED UNDER AUTHORITY OF SECTION 121.051, HEALTH AND SAFETY CODE.

DATE ISSUED January 23, 2006

James D. Patton
JAMES D. PATTON, COUNTY CLERK
WALKER COUNTY, TEXAS



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