

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

1 PLACE OF DEATH

County Milam

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

Reg. Dis. No. 20533

B.O.V.S.
FORM **D**

City Cameron (No. _____) St.; _____ Ward)

2 FULL NAME Mrs. Kate A. Read (a) RESIDENCE No. 703 St. W. Houston
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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6 DATE OF BIRTH February 10 1874
(Month) (Day) (Year)

7 AGE 66 yrs. 4 mos. 8 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 None
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Mississippi

PARENTS	10 NAME OF FATHER <u>Trotter</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Unknown</u>
	12 MAIDEN NAME OF MOTHER <u>Katherine A. Trotter</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Unknown</u>

14 THE ABOVE IS TRUE
(Informant) C. W. Read
(Address) Cameron, Tex.

15 Filed July 2 1920, Will G. Gates Registrar
W. H. Robbins Deputy

MEDICAL PARTICULARS

16 DATE OF DEATH June 18, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1920, to June 19, 1920 that I last saw h. or alive on June 19, 1920 and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:
Interstitial Nephritis, Pyelonephritis.
(duration) 3 yrs. _____ mos. _____ ds.

Contributory (Secondary) Acute dilatation of heart
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death? X X
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? Physical Examination
(Signed) J. J. Mason, M. D.

June 20, 1920 (Address) Cameron, Texas
*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. (See reverse side for State Statutes.)

19 PLACE OF BURIAL OR REMOVAL <u>Lompasas</u>	DATE OF BURIAL <u>6/20</u> , 19 <u>20</u>
20 UNDERTAKER <u>O. N. Green & Son</u>	ADDRESS <u>Cameron</u>