

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS should state CAUSE OF DEATH in plain terms, as that is the most important. OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		TEXAS STATE BOARD OF HEALTH Bureau of Vital Statistics		1427-315-50M
County <u>Orange</u>		STANDARD CERTIFICATE OF DEATH		Registered No. <u>365</u>
City <u>Austin</u>		(No. <u>2007</u> <u>White</u>)	St. <u>7</u>	Ward) [If death occurred in a hospital or institution, give its NAME, instead of street and number.]
FULL NAME <u>Baby Stark</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS	
3 SEX <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed, or Divorced <u>Single</u> (Write the word)	16 DATE OF DEATH <u>June 8</u> 191 <u>6</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>June 8</u> 191 <u>6</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>June 8</u> , 191 <u>6</u> , to <u>June 8</u> , 191 <u>6</u> , that I last saw him alive on <u>June 8</u> , 191 <u>6</u> , and that death occurred, on the date stated above, at <u>2 P.M.</u>	
7 AGE If less than 2 years state; if breast fed: <u>7</u> mos. <u>7</u> hrs. <u>4</u> mins. If less than 1 day: <u>7</u> hrs. <u>4</u> mins.			The CAUSE OF DEATH was as follows: <u>Premature birth</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work: <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer):			Contributory (Secondary) (Duration: yrs. <u>7</u> mos. ds.)	
9 BIRTHPLACE (State or country) <u>Texas</u>			(Signed) <u>Howard Hill</u> , M. D. <u>June 13</u> , 191 <u>6</u> . (Address) <u>Austin, Texas</u>	
10 NAME OF FATHER <u>H. J. Stark</u>			*Use International List of Cause of Death—State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
11 BIRTHPLACE OF FATHER (State or country) <u>Texas</u>			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:	
12 MAIDEN NAME OF MOTHER <u>Arvita Hill</u>			19 PLACE OF BURIAL OR REMOVAL: <u>Orange, Texas</u> DATE OF BURIAL: <u>6/9</u> 191 <u>6</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Texas</u>			20 UNDERTAKER: <u>Woolsey</u> ADDRESS: <u>Austin</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Arvita Hill</u> (Address) <u>Austin, Texas</u>				
15 JUN 14 1916 S. A. WOOLSEY Filed 1916 Registrar				