

Faded Document

IF NON-RESIDENT, be careful to give the complete residence of the deceased, stating both city, county and state. The residence is the usual place of abode.

TEXAS STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		47835
1. PLACE OF DEATH STATE OF TEXAS		Registrar's No. _____
COUNTY OF <u>Orange</u>		
CITY OR PRECINCT NO. <u>Orange</u>		
No. <u>1011</u> Street <u>Pine</u>		
If in an Institution, give name of Institution instead of Street and No.		
Length of residence in city where death occurred <u>28</u> yrs. _____ mos. _____ days _____ How long in U. S. if foreign born? _____ yrs. _____ mos. _____ days _____		
2. FULL NAME OF DECEASED <u>Mrs. Nita Hill Stark</u>		
RESIDENCE OF THE DECEASED No. <u>1011</u> Street <u>Pine</u> city <u>Orange</u> State <u>Texas</u>		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>H. J. Latcher Stark</u>		21. DATE OF DEATH (Month, day, and year) <u>October 11, 1939</u>
6. DATE OF BIRTH (month, day, and year) <u>December 5, 1890</u>		I HEREBY CERTIFY, That I attended deceased from <u>June 6, 1939</u> to <u>Oct 11, 1939</u>
7. AGE <u>48</u> Years <u>4</u> Months <u>5</u> Days		Last saw <u>live on</u> <u>Oct 11, 1939</u> ; death is said to have occurred on the date stated above, at <u>9:15 P.</u> m.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		The principal cause of death and related causes of importance were as follows: <u>Pneumonia</u> <u>Acute Nephritis</u> <u>Acute Myocarditis</u> <u>Pulmonary Edema</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Other contributory causes of importance: <u>Chorea</u>
10. Date deceased last worked at this occupation (month and year)		Name of operation <u>Chorea</u> date of _____
11. Total time (years) spent in this occupation		What test confirmed diagnosis? <u>Chorea</u> Was there an autopsy? <u>No</u>
12. BIRTHPLACE (City or Town) <u>Austin, Texas.</u> (State or Country)		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____
13. NAME <u>H. B. Hill</u>		24. Was disease or injury in any way related to occupation of deceased? <u>No</u>
14. BIRTHPLACE (City or Town) <u>Austin, Texas.</u> (State or Country)		If so, specify _____ (Signed) _____ M. D. (Address) _____
15. MAIDEN NAME <u>Ella Rankin</u>		
16. BIRTHPLACE (City or Town) <u>Texas.</u> (State or Country)		
17. INFORMANT <u>Miss. Ruby Childers</u> (Address) <u>Orange, Texas.</u>		
18. BURIAL - CREMATION OR REMOVAL Place <u>Orange, Texas</u> Date <u>Oct. 13, 1939</u>		
19. UNDERTAKER <u>Harry D. Wheeler.</u> (Address) <u>Orange, Texas.</u>		
20. SIGNATURE OF REGISTRAR <u>M. G. Davies</u> FILE DATE <u>Oct 18 1939</u>		

