

PLACE OF DEATH

TEXAS STATE BOARD OF HEALTH

010015

B. O. V. S.

BUREAU OF VITAL STATISTICS

Reg. Dis. No.

FORM D

County Tarrant

STANDARD CERTIFICATE OF DEATH

Registered No. 289City Ft Worth Texas (No. Baptist Hospt St.; 6 Ward)2 FULL NAME Mary Elizabeth Smith (a) RESIDENCE. No. Melba Hotel

(If nonresident give city or town and State)

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 W	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
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6 DATE OF BIRTH

.....2.....30.....1881
(Month) (Day) (Year)

7 AGE 42 yrs. 26 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..... Hswf

(b) General nature of industry, business or establishment in which employed (or employer).....

9 BIRTHPLACE

(State or country)

La

10 NAME OF FATHER

J Blankenship

11 BIRTHPLACE OF FATHER (State or country)

La

12 MAIDEN NAME OF MOTHER

Dont Know

13 BIRTHPLACE OF MOTHER (State or country)

..

14 THE ABOVE IS TRUE

(Informant) Verbena Smith(Address) Melba Hotel

15

Filed 2-28 1923 Rola S. Cernosek Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH

April 16 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Sept 10, 1923, to April 16, 1923that I last saw h.e. alive on April 15, 1923and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.....(duration) 2 yrs. 6 mos.ds.Contributory None
(Secondary)

.....(duration)yrs.mos.ds.

18 Where was disease contracted

if not at place of death? Dallas TexDid an operation precede death? No Date of.....Was there an autopsy? NoWhat test confirmed diagnosis? Microscopic(Signed) Fred A. Taggart M. D.3-16, 1923 (Address) 206 Reynolds St

*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

Memphis Tenn

DATE OF BURIAL

3-19 1923

20 UNDERTAKER

W. S. Spelman

ADDRESS

Ft Worth