

PLACE OF DEATH

Texas State Board of Health

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—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.

County Dallas

STANDARD CERTIFICATE OF DEATH

City Dallas

Registered No. 686

(No. St. Paul's Sanitarium Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Mrs. Dora Albrock 405

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED
(Write the word).

DATE OF DEATH Oct 27, 1919
(Month) (Day) (Year)

DATE OF BIRTH Feb 29, 1873
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 27, 1919, to Oct 27, 1919.
that I last saw h. alive on, 1919.
and that death occurred on the date stated above, at m.

Age 37 yrs. 8 mos. 4 ds.

CAUSE OF DEATH* was as follows:
Purpural Septicemia
(Duration) yrs. mos. ds.

OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.
(Signed) Red Luff M. D.
Oct 28, 1919 (Address) Dallas

BIRTHPLACE (State or country) Tarrant Co. Tex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

NAME OF FATHER X

BIRTHPLACE OF FATHER (State or country) X

MALDEN NAME OF MOTHER Y

BIRTHPLACE OF MOTHER (State or country) X

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Kate Caldwell
(Address) Dallas

PLACE OF BURIAL OR CREMATION Farmers Branch Ch DATE OF BURIAL Oct 28, 1919

Filed, 1919 REGISTRAR

UNDERTAKER Ed. C. Smith & Bro. Undertaking Co. ADDRESS Dallas