

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 filled. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County LipscombCity Higgins

TEXAS STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATHReg. Dis. No. 2551Registered No. ✓

N.O.V.R.

MOM D

2 FULL NAME Agnes Harlan (a) RESIDENCE No. _____ St. _____
(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 Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married6 DATE OF BIRTH Nov 26th 1884
(Month) (Day) (Year)7 AGE 69 yrs. 2 mos. 2 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 _____

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

9 BIRTHPLACE (State or country)

Canada

10 NAME OF FATHER

Joseph Raske

11 BIRTHPLACE OF FATHER (State or country)

Canada

12 MAIDEN NAME OF MOTHER

Kathleen Mead

13 BIRTHPLACE OF MOTHER (State or country)

Canada

14 THE ABOVE IS TRUE

(Informant) Clara Bickley
Higgins Texas
(Address)1 1/28 W. H. Bussard
19 _____ Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH Jan 28th 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept. 1923, to Jan 28, 1924 that I last saw her alive on Jan 28, 1924 and that death occurred, on the date stated above, at 2:30 m.

The CAUSE OF DEATH* was as follows:

Cholecystitis(duration) 6 yrs. _____ mos. _____ ds.

Contributory (Secondary) _____

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

18 Where was disease contracted

if not at place of death? _____

Did an operation precede death? No Date of _____Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) J. J. Davis, M. D.July 29, 1924 (Address) Higgins Tex

*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

Higgins Tex

DATE OF BURIAL

Jan 30th 1924

20 UNDERTAKER

M. E. Dunge

ADDRESS

Higgins Tex