

PLACE OF DEATH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATHReg. Dis. No. *P 4*

B.O.V.S.

County *Wilbarger*Registered No. *33035*City *Vernon*

(No.)

St.;

Ward)

[If death occurred
in a hospital or
institution, give its
NAME instead of
street and number.]2 FULL NAME *Mrs Mary J. Umberon*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 Color or Race *White* 5 Single, Married, Widowed or Divorced *Widow*
(Write the word)

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE *78* yrs. — mos. — 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) *Ala.*10 NAME OF FATHER *Singleton*11 BIRTHPLACE OF FATHER (State or country) *Ala.*12 MAIDEN NAME OF MOTHER *David*13 BIRTHPLACE OF MOTHER (State or country) *N.C.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *C. W. Pressnell*(Address) *Trinidad Colo*

15

Filed *Dec 22 1922*Registrar *J. M. Underwood*

MEDICAL PARTICULARS

16 DATE OF DEATH

Nov 25 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from *Sept 1st*, 19*22*, to *Nov. 20*, 19*22*
that I last saw her alive on *Nov. 20*, 19*22*
and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH* was as follows:

Paralysis(Duration..... yrs. *3* mos. ds.)

Contributory (Secondary)

(Duration..... yrs. mos. ds.)

(Signed) *J. S. Hariken*, M. D.*Dec 1 1922* (Address) *Vernon*

*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.

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Wass. Cem. Nov 27 1922

20 UNDERTAKER

ADDRESS

J. M. Underwood Vernon