

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.

1 PLACE OF DEATH
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

27835

Registrar's No. 8

COUNTY OF Navarro

SITY OR PRECINCT NO. 4 No. _____ Street _____
If in an institution, give name of Institution instead of Street and No.

Length of residence in city where death occurred 35 yrs. _____ mos. _____ days. How long in U. S. if foreign born? _____ yrs. _____ mos. _____ days

2 FULL NAME OF DECEASED Emma Josephine Young

RESIDENCE OF THE DECEASED No. _____ Street _____ City Dawson Texas State R.F.D. 2

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4. COLOR OR RACE White 5. Single Married
Widowed Divorced
(Write the word) married

5a. If married, widowed or divorced HUSBAND or (or) WIFE of J. H. Young

6. DATE OF BIRTH (month, day, and year) Feb. 14, 1862

7. AGE 75 Years 3 Months 17 Days If LESS than 1 day _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 30, 1937 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (City or Town) (State or Country) Miss.

13. NAME Henry Blakemey

14. BIRTHPLACE (City or Town) (State or Country) Dont know

15. MAIDEN NAME Dont know

16. BIRTHPLACE (City or Town) (State or Country) " "

17. INFORMANT J. H. Young

(Address) Dawson Texas R.F.D. 2

18. BURIAL, REMOVAL Place Dawson Cemetery Date June 2, 1937

19. UNDERTAKER W. C. Roberts

(Address) Dawson Texas

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR

(File Date) _____ 1937 _____ (Signature)

MEDICAL PARTICULARS

21. DATE OF DEATH (month, day, and year) May 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 1937, to _____, 1937.

I last saw h alive on _____, 1937; death is said to

have occurred on the date stated above, at 9:30 AM

The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No

Date of injury None, 1937

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. S. Langston M. D.
(Address) Dawson Texas

