

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

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

Dr Hopkins
24032
Registrar's No.

1 PLACE OF DEATH
STATE OF TEXAS
COUNTY OF Williamson
CITY OR
PRECINCT NO. Taylor

No. _____ Street _____
If in an institution, give name of institution instead of Street and No.

Length of residence in city where death occurred _____ yrs. 2 mos. _____ days. How long in U. S. if foreign born? _____ yrs. _____ mos. _____ days

2 FULL NAME
OF DECEASED Agnes Stark

RESIDENCE OF
THE DECEASED No. 316 Street Shaw St City Taylor State Texas

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4. COLOR OR RACE White 5. Single Widowed Married Divorced

5a. If married, widowed or divorced
HUSBAND of Adolph Stark
(or) WIFE of

6. DATE OF BIRTH
(month, day, and year) March 31 1860

7. AGE 77 Years 1 Months 13 Days If LESS than 1 day, _____ hrs. or _____ 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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE
(City or Town) Cincinnati Ohio
(State or Country)

13. NAME Henry Stark

14. BIRTHPLACE
(City or Town) Ohio
(State or Country)

15. MAIDEN NAME unknown

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

17. INFORMANT Mr. M. Rowe

(Address) Wichita Tex

18. BURIAL Taylor City Cem Day April 18 1937

19. UNDERTAKER Dave Sloan Jr

(Address) Taylor Tex

20. SIGNATURE OF REGISTRAR

FILE

DATE April 24 1937 E. K. Dackland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 17 1937
(month, day, and year)

22. I HEREBY CERTIFY, That I attended deceased from April 2 1937 to April 17 1937

I last saw him alive on April 16 1937; death is said to

have occurred on the date stated above, at 6 A m. The principal cause of death and related causes of importance were as follows:

Sabotage

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

Accident, suicide, or homicide? _____

Date of injury _____, 193__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

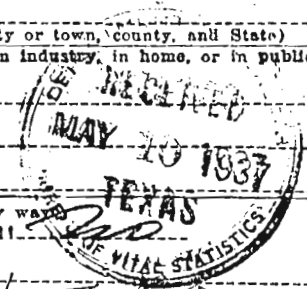
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____ M. D.

(Address) _____



The residence is the usual place of abode.

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Rule 54a, Article 4477, Revised Civil Statutes of Texas.

ISSUED SEP 21 1989

Richard B. Bays
RICHARD B. BAYS
STATE REGISTRAR

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STATE OF TEXAS
 CERTIFICATION OF VITAL RECORD

TEXAS DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS

Judge Kellum
 Texas State Board of Health

PLACE OF DEATH

County *Williamson*
 City *Taylor*

STANDARD CERTIFICATE OF DEATH

8654

(No. St.; Ward) Registered No.
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME *Joe Stall* 9094

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED OR DIVORCED *Single*
 (Write the Word.)

DATE OF BIRTH
 (Month) (Day) (Year)

AGE *38* yrs. — mos. — ds.

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

BIRTHPLACE (State or country) *Ohio*

NAME OF FATHER *Joe Stall Sr.*

BIRTHPLACE OF FATHER (State or country) *Unknown*

MAIDEN NAME OF MOTHER *"*

BIRTHPLACE OF MOTHER (State or country) *"*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) *A. E. Barber*

(Address) *Taylor Texas*

Filed 191..... Registrar

MEDICAL PARTICULARS

DATE OF DEATH *Apr - 19 - 1915*
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 191..... to 191..... that I last saw him alive on 191..... and that death occurred on the date stated above at *about 2 P. m.* The CAUSE OF DEATH* was as follows.

Heart failure

(Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) *J. Kellum J.P.* (Address) *Taylor Tex.*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.

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.....

PLACE OF BURIAL OR REMOVAL *Beverville* DATE OF BURIAL *4-20-1915*

UNDERTAKER *Johnson* ADDRESS *Taylor Tex.*

E. L. Steck, Printing, Bookbinding, Ausitn.

1871-114-50M

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ISSUED SEP 07 1939

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