

226-1-0-1-226-1-0

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO.

28927

STATE OF TEXAS

Dr. Nibling

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY Tom Green		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Tom Green	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN San Angelo		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN San Angelo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1204 Spaulding St.		d. STREET ADDRESS (If rural, give location) 1204 Spaulding St.	
3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Susan		b. (Middle) Evaline	
		c. (Last) Horewell	
		4. DATE OF DEATH May 26, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 18, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE YEARS MONTHS DAYS IF UNDER 24 HRS. Hours Min. 78 0 7
11. BIRTHPLACE (State or foreign country) San Saba, Texas		12. FATHER'S NAME Louis Soucey BIRTHPLACE France	
13. MOTHER'S MAIDEN NAME Lucrecia Sides BIRTHPLACE Texas		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
15. SOCIAL SECURITY NO.		16. INFORMANT'S SIGNATURE Mrs. Roy McClure	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Old Age	
18a. DATE OF OPERATION None		18b. MAJOR FINDINGS OF OPERATION	
19. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20. ACCIDENT SUICIDE HOMICIDE (Specify) No	
20a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20b. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)	
20c. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. HOW DID INJURY OCCUR?		21. I hereby certify that I attended the deceased from March 1, 1951 , to May 26, 1951 , that I last saw the deceased alive on Monday, 19 , and that death occurred at 5:00 P.m. , from the causes and on the date stated above.	
22a. SIGNATURE Dr. Nibling M.D. (Degree or title)		22b. ADDRESS San Angelo Tex	
22c. DATE SIGNED May 28/51		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE May 28, 1951		23c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery	
23d. LOCATION (City, town, or county) (State) San Angelo Texas		24. FUNERAL DIRECTOR'S SIGNATURE M.R. Steele (2196) Johnson's	
25a. REGISTRAR'S FILE NO. 204		25b. DATE REC'D BY LOCAL REGISTRAR 5-29-51	
25c. REGISTRAR'S SIGNATURE Babe Aycock / By Deputy Mary Ford			

TEXAS DEPARTMENT OF HEALTH
REC'D JUN 11 1951
BUREAU OF VITAL STATISTICS