

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

Texas State Board of Health

County Bryan

STANDARD CERTIFICATE OF DEATH

City San Antonio

Registered No.

(No. 129-Ninth Boyer Hospital St.; 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME E. L. Alford

14532

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
(Write the word)

DATE OF DEATH June 10, 1912
(Month) (Day) (Year)

DATE OF BIRTH Don't know
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 1-6, 1912 to 6-10, 1912
that I last saw h alive on 6-10, 1912

Age 83 yrs. mos. da.

and that death occurred on the date stated above, at 1:15 p. m.

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

THE CAUSE OF DEATH* was as follows:

Asmility
(Duration) 1 yrs. mos. da.

BIRTHPLACE (State or country) Pa

CONTRIBUTORY (Secondary) 99
(Duration) 1 yrs. mos. da.

NAME OF FATHER Don't know

(Signed) Charles Coffey M. D.
191... (Address)

BIRTHPLACE OF FATHER (State or country) " "

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

MAIDEN NAME OF MOTHER " "

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. 1 mos. da. State 47 yrs. mos. da.

BIRTHPLACE OF MOTHER (State or country) " "

Where was disease contracted, if not at place of death?

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jno. H. Clark

Former or usual residence

Address San Antonio, Texas

PLACE OF BURIAL OR REMOVAL 2007 Cemetery DATE OF BURIAL 1912

Filed 6/11/12 1912 John W. McCallister

UNDERTAKER Stouck & Hays ADDRESS San Antonio, Texas

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Secretary of the Board of Health

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ISSUED NOV 18 1988

J. L. HOWZE STATE REGISTRAR

