

1. PLACE OF DEATH STATE OF <u>TEXAS</u>		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		3978
COUNTY OF <u>Refugio</u>		CITY OR PRECINCT NO. <u>Refugio, Texas</u> GIVE STREET AND NUMBER OR NAME OF INSTITUTION		
2. FULL NAME OF DECEASED <u>Dave Spriggs</u>				
LENGTH OF RESIDENCE WHERE DEATH OCCURRED _____ YEARS _____ MONTHS _____ DAYS (SOCIAL SECURITY NO. _____)				
RESIDENCE OF THE DECEASED STREET AND NO. _____		CITY <u>Refugio</u> COUNTY <u>Refugio</u> STATE <u>Texas</u>		
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>male</u>		4. COLOR OR RACE <u>Negro</u>		
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>Widowed</u>		17. DATE OF DEATH <u>January 16</u> 1947		
6. DATE OF BIRTH <u>January 6, 1859</u>		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>left nat. instat on life</u> 1947 I LAST SAW HIM ALIVE ON _____ 1947		
7. AGE YEARS <u>88</u> MONTHS <u>17</u> DAYS _____ IF LESS THAN 1 DAY _____ HOURS _____ MIN _____		THE DEATH OCCURRED ON THE DATE STATED ABOVE AT <u>11:45 P.M.</u>		
8A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Cooking</u>		THE PRIMARY CAUSE OF DEATH WAS:		
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED <u>none</u>		<u>Heart failure</u> DURATION <u>6 mo.</u>		
9. BIRTHPLACE (STATE OR COUNTRY) <u>Louisiana</u>		CONTRIBUTORY CAUSES WERE:		
10. NAME <u>Don't know</u>		<u>Senile</u> <u>15 year</u>		
11. BIRTHPLACE (STATE OR COUNTRY) <u>Don't know</u>		IF NOT DUE TO DISEASE, SPECIFY WHETHER ACCIDENT, SUICIDE, OR HOMICIDE		
12. MAIDEN NAME <u>Louise Boyley</u>		DATE OF OCCURRENCE _____		
13. BIRTHPLACE (STATE OR COUNTRY) <u>Don't know</u>		PLACE OF OCCURRENCE _____		
14. SIGNATURE <u>Frank R. [unclear]</u>		MANNER OR MEANS _____		
ADDRESS <u>P.O. Box 769 Refugio Texas</u>		IF RELATED TO OCCUPATION OF DECEASED, SPECIFY _____		
15. PLACE OF BURIAL OR REMOVAL <u>Refugio</u> TEXAS		SIGNATURE <u>J. P. [unclear]</u> M.D.		
DATE <u>January 19</u> 1947		ADDRESS <u>Refugio</u> TEXAS		
16. SIGNATURE <u>Jameson General Home</u>		POSTOFFICE ADDRESS _____		
ADDRESS <u>Yorkburg Texas</u> TEXAS		SIGNATURE OF LOCAL REGISTRAR <u>S. Kelly</u>		
20. FILE NUMBER <u>3</u>		FILE DATE <u>1/18</u> 1947		

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

