

No. 14

NOTE WELL

Write Plainly with unfading ink—This is a Permanent Record.

Where Stillborn is given as cause of Death, file birth Certificate. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 PLACE OF DEATH		Texas State Board of Health		B.O.V.S. FORM <b>D</b>	
County <u>Refugio</u>		BUREAU OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH	
City <u>Refugio</u> No. _____		Reg. Dis. No. _____		Registered No. <u>35156</u> Ward _____	
2 FULL NAME <u>Jeff Propley</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)		16 DATE OF DEATH <u>Sept 30</u> 191 <u>8</u>	
6 DATE OF BIRTH <u>Unknown</u>					
7 Age <u>65</u> yrs. mos. ds.				17 I HEREBY CERTIFY, THAT I attended deceased from <u>Sept 1</u> 191 <u>8</u> , to <u>Sept. 25</u> , 191 <u>8</u> , that I last saw him alive on <u>Sept 25</u> 191 <u>8</u> and that death occurred, on the date stated above, at _____ m.	
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) <u>Domestic Assistant</u>				The CAUSE OF DEATH* was as follows: <u>Nephritis</u>	
9 BIRTHPLACE (State or Country) <u>Unknown</u>				Contributory (Secondary) <u>Edema of Lungs</u>	
10 NAME OF FATHER <u>"</u>				(Signed) <u>M. D. Dodson</u> , M. D. <u>Sept 2</u> 191 <u>8</u> Address <u>Woodboro</u>	
11 BIRTHPLACE OF FATHER (State or Country) <u>"</u>				*Use International List of Cause of Death—State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
12 MAIDEN NAME OF MOTHER <u>"</u>				18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or Country) <u>"</u>				At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) _____					
(Address) _____					
15 Filled <u>10/3</u> 191 <u>8</u>		8 Claude Estess Registrar		19 PLACE OF BURIAL OR REMOVAL <u>Refugio TX</u>	
				DATE OF BURIAL <u>Oct. 1</u> 191 <u>8</u>	
				20 UNDERTAKER <u>Rooke &amp; Smith</u>	
				ADDRESS <u>Woodboro</u>	