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7149

1. PLACE OF DEATH TEXAS DEPARTMENT OF HEALTH  
STATE OF TEXAS BUREAU OF VITAL STATISTICS  
COUNTY OF Goliad STANDARD CERTIFICATE OF DEATH

2. FULL NAME OF DECEASED Mrs Josephine Anderson GIVE STREET AND NUMBER OR NAME OF INSTITUTION

LENGTH OF RESIDENCE WHERE DEATH OCCURRED 60 YEARS MONTHS DAYS (SOCIAL SECURITY NO.)

RESIDENCE OF THE DECEASED | STREET AND NO. | CITY Goliad COUNTY Goliad STATE Texas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WID. OWED OR DIVORCED (WRITE THE WORD) Widowed

6. DATE OF BIRTH Aug. 7, 1847

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY  
100 YEARS 6 MONTHS 20 DAYS HOURS MIN

8A. TRADE, PROFESSION OR KIND OF WORK DONE Domestic

8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED Home

9. BIRTHPLACE (STATE OR COUNTRY) New Orleans, La.

10. NAME Dave Spriggs

11. BIRTHPLACE (STATE OR COUNTRY) unknown

12. MAIDEN NAME unknown

13. BIRTHPLACE (STATE OR COUNTRY) unknown

14. SIGNATURE Mrs Louise Thomas  
ADDRESS Goliad, Texas

15. PLACE OF BURIAL OR REMOVAL Goliad, Texas  
DATE March 2nd, 1948

16. SIGNATURE Lyle Funeral Home  
ADDRESS 102N. Cameron, Victoria, Texas

20. FILE NUMBER | FILE DATE | SIGNATURE OF LOCAL REGISTRAR | POSTOFFICE ADDRESS  
March 2nd, 1948 | M. Mangerton J.P. #1 | Goliad, Texas

MEDICAL PARTICULARS

17. DATE OF DEATH Feb. 27, 1948

18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb. 21, 1948 TO Feb 27, 1948

I LAST SAW HIM ALIVE ON Feb 27, 1948

THE DEATH OCCURRED ON THE DATE STATED ABOVE AT 9:25 P.M.

THE PRIMARY CAUSE OF DEATH WAS Cerebrovascular DURATION 6 days

CONTRIBUTORY CAUSES WERE ? Arteriosclerosis, Hypertension

IF NOT DUE TO DISEASE, SPECIFY WHETHER ACCIDENT, SUICIDE, OR HOMICIDE

DATE OF OCCURRENCE

PLACE OF OCCURRENCE

MANNER OR MEANS

IF RELATED TO OCCUPATION OF DECEASED, SPECIFY

SIGNATURE [Signature] M.D. COR. Goliad, Texas

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE



Josephine Spriggs

