



1 PLACE OF DEATH
STATE OF TEXAS
COUNTY OF Victoria

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

49093

Registrar's No. _____

CITY OR PRECEDENT NO. Pleasant Green Prec 1 No. one
No. _____ Street _____
If in an institution, give name of Institution instead of Street and No. Residence

2. FULL NAME OF DECEASED Mrs. Jane Wittlinger No. _____ Street _____
Length of residence in city where death occurred yrs. mos. days How long in U. S. if foreign born? yrs. mos. days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE MARRIED WIDOWED DIVORCED Widowed (write the word)

21. DATE OF DEATH (month, day, and year) Nov. 7 1932

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Wittlinger

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

6. DATE OF BIRTH (month, day, and year) About 1837

I last saw h. alive on _____ 19____; death is said to have occurred on the date stated above, at 4:30 A. m.

7. AGE 95 Years Months Days If LESS than 1 day, ____ hrs. or ____ min.

The principal cause of death and related causes of importance was as follows: Senility Date of onset _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (city or town) (State or country) New Orleans, La

Name of operation _____ date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER FATHER 13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____

MOTHER 15. MAIDEN NAME Louise Roxley

16. BIRTHPLACE (city or town) (State or country) New Orleans, La

Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Nathan Burnett
(Address) Rt. 1, Box 234 Victoria, Tx

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Green Date 11-8-32

Manner of injury 6
Nature of injury 77273

19. UNDERTAKER Shuffield-Pruitt Co
(Address) Victoria, Texas

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

20. FILED 11-8-32 V. A. Zetterer
Registrar.
By J. Baluski

(Signed) J. M. Muller M. D.
(Address) Victoria