

No.

1 PLACE OF DEATH

Texas State Board of Health

B.O.V.S.
FORM
D

County Refugio

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

City Refugio No. 107 16 Reg. Dis. No. 26207 St; _____ Ward _____

2 FULL NAME Winnie S. Scott

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 Color or Race negro 5 Single Married Widowed or Divorced married
(Write the Word)

6 DATE OF BIRTH June 2 1918
(Month) (Day) (Year)

7 Age 55 yrs. 10 mos. 10 ds.
If less than 2 years, state if breast fed If less than 1 day
Yes.....No..... hrs.min

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

9 BIRTHPLACE (State or Country) Texas

10 NAME OF FATHER Bob Botley

11 BIRTHPLACE OF FATHER (State or Country) Louisiana

12 MAIDEN NAME OF MOTHER Louisa Botley

13 BIRTHPLACE OF MOTHER (State or Country) Louisiana

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. T. Crawford
(Address) Refugio, Texas

15 Filed Aug 6 1918 Registrar Wm. B. Simpson

MEDICAL PARTICULARS

16 DATE OF DEATH June 12 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, THAT I attended deceased from _____
_____ 191____, to _____, 19____,
that I last saw h_____ alive on _____, 191____,
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:
Ph (189)

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.)
(Signed) _____ M. D.

*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.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Refugio, Tex DATE OF BURIAL June 13 1918

20 UNDERTAKER Wm. B. Simpson ADDRESS Refugio, Tex

NOTE WELL INSTRUCTIONS ON REVERSE SIDE

NOTE WELL

above
DEA
may

above
applied
that

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.