

MARGIN RESERVED FOR BINDING

WRITE FAIRLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 M. B.—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.

PLACE OF DEATH

Texas State Board of Health

County Parker Co Tex

STANDARD CERTIFICATE OF DEATH

City.....

Registered No. 6

(No. St.; Ward)
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

25310

FULL NAME R. F. Alexander

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS	
SEX <u>Male</u>	COLOR OR RACE <u>W</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>(Write the Word.)</u>	DATE OF DEATH <u>12/20</u> 191 <u>4</u> (Month) (Day) (Year)	
DATE OF BIRTH 191..... (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from..... <u>12/17</u> 191 <u>4</u> to..... 191..... that I last saw h..... alive on....., 191..... and that death occurred on the date stated above at..... m.	
AGE <u>87</u> yrs..... mos..... ds.			The CAUSE OF DEATH* was as follows: <u>Cardiac & Pleurostoma</u> <u>due to old age,</u> (Duration)..... yrs..... mos..... ds.	
OCCUPATION (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer)..... <u>Farmer</u>			Contributory (Secondary) <u>J. M. G. D.</u> (Duration)..... yrs..... mos..... ds.	
BIRTHPLACE (State or country) <u>Tenn</u>			(Signed)..... <u>J. M. G. D.</u> 191 <u>4</u> (Address).....	
PARENTS	NAME OF FATHER <u>Wm. Alexander</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.	
	BIRTHPLACE OF FATHER (State or country)		LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.) At place..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.	
MAIDEN NAME OF MOTHER <u>Miss Davis</u>		BIRTHPLACE OF MOTHER (State or country)		Where was disease contracted If not, at place of death? Former or usual residence.....
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)..... (Address).....				
PLACED IN CHARGE <u>Jan 4</u> 191 <u>5</u> Filed <u>5 Hard Bankhead</u> <u>B. D.</u> Registrar			PLACE OF BURIAL OR REMOVAL <u>Spring Creek</u>	DATE OF BURIAL <u>12/21</u> 191 <u>4</u>
			UNDERTAKER <u>D. C. Bratton</u>	ADDRESS <u>W. H. Bratton</u>

Texas, Death Certificates, 1903-1982 for Wm Alexander

Record Index

Name: Wm Alexander
Gender: Male
Race:
Age:
Birth Date:
Birth Place:
Residence:
Death Date:
Death Place:
Father:
Mother:
Spouse: Davis
Child: R F Alexander

Certificate Number:

Source Information

Record Url: <https://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=txdeathcerts&h=84118702>

Source Citation: Texas Department of State Health Services; Austin Texas, USA

Source Information: Ancestry.com. *Texas, Death Certificates, 1903-1982* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2013. Original data: Texas Department of State Health Services. Texas Death Certificates, 1903-1982. Austin, Texas, USA.