

WRITING 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 BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		Reg. Dis. No. <u>17</u> B. O. V. S.
County <u>Grayson</u>				Registered No. <u>2</u> FORM D
City <u>Collinsville</u> (No. _____) St. _____				<u>22965</u> (Ward)
2 FULL NAME <u>Barak June Graham</u> (a) RESIDENCE. NO. _____ St. _____				
Length of residence in city or town where death occurred <u>67</u> yrs. _____ mos. _____ ds.				(If nonresident give city or town and State) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL PARTICULARS		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>	16 DATE OF DEATH <u>May 9th</u> 19 <u>33</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Dec 15</u> 18 <u>65</u> (Month) (Day) (Year)		17 I HEREBY CERTIFY, That I attended deceased from <u>April 23</u> 19 <u>23</u> , to <u>May 9th</u> 19 <u>33</u> , that I last saw her alive on <u>May 9th</u> 19 <u>33</u> and that death occurred on the date stated above, at <u>5⁰⁰</u> m.		
7 AGE If less than 2 years state if breast fed _____ yrs. _____ mos. _____ ds. If less than 1 day _____ hrs. _____ mins. Yes _____ No _____		The CAUSE OF DEATH* was as follows: <u>Myocarditis, nephritis</u> (duration) <u>79</u> yrs. <u>93</u> mos. _____ ds.		
8 OCCUPATION (a) Trade, profession or particular kind of work. <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer) _____		Contributory _____ (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.		
9 BIRTHPLACE (State or country) <u>Madison Co. Ark</u>		18 Where was disease contracted if not at place of death? _____		
10 NAME OF FATHER <u>Not known</u>		Did an operation precede death? <u>no</u> Date of _____		
11 BIRTHPLACE OF FATHER (State or country) <u>Not known</u>		Was there an autopsy? <u>no</u>		
12 MAIDEN NAME OF MOTHER <u>Elyah Esther Paulk nee</u>		What test confirmed diagnosis? <u>St. Welch</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Not known</u>		(Signed) <u>St. Welch</u> M. D. <u>511033</u> , 19 <u>2</u> (Address) <u>Whitesboro</u>		
14 THE ABOVE IS TRUE (Informant) <u>J. Graham</u> (Address) <u>Sherman Tex</u>		*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.		
15 Filed <u>June 1</u> 19 <u>33</u> <u>J. H. Rollins</u> Registrar.		19 PLACE OF BURIAL OR REMOVAL <u>Collinsville</u>		DATE OF BURIAL <u>May 10</u> 19 <u>33</u>
		20 UNDERTAKER <u>Berry Taylor</u>		ADDRESS <u>Collinsville</u>

Texas, Death Certificates, 1903–1982 for Sarah Jane Graham

Record Index

Name: Sarah Jane Graham
Birth Date: 15 Dec 1853
Birth Place: Madison, Arkansas
Death Date: 9 May 1933
Death Place: Collins Ville, Grayson
Age at Death: 79
Gender: Female
Race: White
Mother: Elizabeth Jane Faulkaw

Source Information

Record Url: <http://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=txdeathcerts&h=23164851>

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. iArchives, Orem, Utah.