

ORIGINAL WRITE FORM V. S. NO. 4 MUST BE USED WHILE VITALS ARE TAKEN. MARKS MADE BY HEALTH OFFICER.

V. S. 4 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARENTS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state of occupation is very important.

98—647 Rev.—8-25

*City Dist. No. Registered No. (Consecutive No.)

*(Cancel the three terms not applicable)
 -Do not enter "R. R.," "R. F. D.," or other P. O. address.

Street and Number, No. 1634 N. Commercial St. NR Ward, _____ Hospital.

2 FULL NAME John George
 (If death occurred in hospital or institution, give its name instead of street and number)

(a) Residence No. _____ St. _____ Ward, _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)			16 DATE OF DEATH		
<u>Male</u>	<u>White</u>	<u>Widow</u>			<u>Jan 2 1926</u> (Month) (Day) (Year)		
5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>John</u>					17 I HEREBY CERTIFY, That I attended deceased from <u>12-30 1925</u> to <u>Jan 2 1926</u> that I last saw him alive on <u>Jan 2 1926</u> and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Pneumonia (John)</u>		
6 DATE OF BIRTH <u>May 8 1899</u> (Month) (Day) (Year)					18 Where was disease contracted, if not at place of death? <u>at place of death</u>		
7 AGE Years	Months	Days	If LESS than 1 day _____ hrs. OR _____ min.		CONTRIBUTORY (Secondary) <u>Myocardia</u> (Duration) <u>10</u> yrs. _____ mos. _____ ds.		
<u>15</u>	<u>7</u>	<u>25</u>			19 Was an operation performed? <u>no</u> Date of _____		
8 OCCUPATION OF DECEASED (occupation, profession, or business kind of work)					For what disease or injury? <u>no</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)					Was there an autopsy? <u>no</u>		
(c) Name of employer <u>Self</u>					What test confirmed diagnosis? <u>Clinical</u>		
9 BIRTHPLACE (city or town) <u>Waco, Texas</u> (State or Country)					(Signed) <u>Wm. J. ...</u> M. D.		
10 NAME OF FATHER <u>John Brunsell</u>					Address <u>3956 North 200</u>		
11 BIRTHPLACE OF FATHER (city or town) <u>Waco, Texas</u> (State or Country)					Date <u>Jan 5 1926</u> Telephone <u>Capital 705</u>		
12 MAIDEN NAME OF MOTHER <u>Anna ...</u>					*N. B.—State the disease causing death. All cases of death from "Violence, casualty, or any undue means" must be referred to the coroner. See Section 10, Coroner's Act.		
13 BIRTHPLACE OF MOTHER (city or town) <u>Waco, Texas</u> (State or Country)					19 PLACE OF BURIAL OR REMOVAL <u>St. ...</u> 21 DATE OF BURIAL <u>Jan 2 1926</u>		
14 INFORMANT <u>Miss Alice ...</u> (personal signature with pen and ink)					20 UNGERTAKER <u>...</u> ADDRESS <u>...</u>		
P. O. Address <u>1634 N. Commercial</u>							

1926 JAN 5 PM 2 50
15 Filed _____