

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1. PLACE OF DEATH STATE OF TEXAS COUNTY OF <u>Parker</u> CITY OR PRECINCT NO. <u>Sparks</u>		TEXAS STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH Registrar's No. <u>17</u> 29387	
Length of residence in city where death occurred... yrs... mos... days...? How long in U. S. if foreign born?... yrs... mos... days...		If in an Institution, give name of Institution instead of Street and No.	
2. FULL NAME OF DECEASED <u>Katherine Annabel Jordan</u>		If non-residence give city, or town and state	
3. SEX <u>Female</u>		21. DATE OF DEATH <u>June 22, 1933</u>	
4. COLOR OR RACE <u>W.</u>		I HEREBY CERTIFY, that I attended deceased (from <u>4-19-33</u> to <u>6-22-33</u>)	
5. MARRIAGE STATUS a. If married, widowed, or divorced HUSBAND of (or) WIFE of		I last saw her alive on <u>6-19-33</u> death is said to have occurred on the date stated above, at <u>8:25 P.M.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Jun 8, 1848</u>		The principal cause of death and related causes of importance were as follows: <u>Senility</u>	
7. AGE <u>85</u> Years <u>5</u> Months <u>14</u> Days		Other contributory causes of importance: <u>Advanced Senility</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE (lawyer, bookkeeper, etc.) <u>Home</u>		Date of onset <u>1921</u>	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE (silk mill, saw mill, bank, etc.)		Name of operation <u>none</u> date of <u>—</u>	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year)		What test confirmed diagnosis? <u>—</u> Was there an autopsy? <u>—</u>	
11. TOTAL TIME (years) spent in this occupation		22. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u>	
12. BIRTHPLACE (city or town) (State or country) <u>Indiana</u>		Date of injury <u>—</u>	
13. NAME <u>Lynch</u>		Where did injury occur? <u>—</u> (Specify city or town, county, and State)	
14. BIRTHPLACE (city or town) (State or country) <u>Ind.</u>		Specify whether injury occurred in industry, in home, or in public place.	
15. MAIDEN NAME <u>Do not know</u>		Manner of injury <u>—</u>	
16. BIRTHPLACE (city or town) (State or county) <u>Do not know</u>		Nature of injury <u>—</u>	
17. INFORMANT <u>Mrs Green Elam</u> (Address) <u>Springtown Texas</u>		23. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
18. BURIAL (CREMATION OR REMOVAL) Place <u>Springtown</u> Date <u>6/23</u> 19 <u>33</u>		If so, specify <u>—</u>	
19. UNDERTAKER <u>W. A. White</u> (Address) <u>Wintersford</u>		(Signed) <u>J. O. Fair</u> M. D. (Address) <u>—</u>	
20. FILE DATE AND SIGNATURE OF REGISTRAR <u>6-23 1933 J. O. Fair</u>		(Address) <u>—</u>	