

1. PLACE OF DEATH

STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

73582

COUNTY OF Harris

CITY OR PRECINCT NO. Huffman

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF DECEASED Howard Dunks

LENGTH OF RESIDENCE WHERE DEATH OCCURRED 82 YEARS 7 MONTHS DAYS (SOCIAL SECURITY NO.)

RESIDENCE OF THE DECEASED | STREET AND NO. | CITY | COUNTY | STATE

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3 SEX male 4. COLOR OR RACE white

17. DATE OF DEATH August 22 1940

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) Married

18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 22 1940 TO Aug 22 1940

6. DATE OF BIRTH June 22 1858

I LAST SAW HIM ALIVE ON Aug 22 1940

7. AGE YEARS 82 MONTHS 2 DAYS IF LESS THAN 1 DAY HOURS MIN

THE DEATH OCCURRED ON THE DATE STATED ABOVE AT 12:30 P.M.

8A. TRADE, PROFESSION OR KIND OF WORK DONE tired Stockman

THE PRIMARY CAUSE OF DEATH WAS: Cerebral Hemorrhage DURATION 1 day

8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED

9. BIRTHPLACE (STATE OR COUNTRY) Huffman, Texas

CONTRIBUTORY CAUSES WERE Hypertension ?

10. NAME Emanuel Dunks

11. BIRTHPLACE (STATE OR COUNTRY) Huffman, Tex.

12. MAIDEN NAME Annie Huffman

13. BIRTHPLACE (STATE OR COUNTRY) Louisiana

14. SIGNATURE Mrs Ollie Dunks

ADDRESS Crosby Texas TEXAS

IF NOT DUE TO DISEASE, SPECIFY WHETHER:

ACCIDENT, SUICIDE, OR HOMICIDE

DATE OF OCCURRENCE

PLACE OF OCCURRENCE

15. PLACE OF BURIAL OR REMOVAL Huffman Cemetery Huffman TEXAS

DATE Aug. 23 1940

MANNER OR MEANS IF RELATED TO OCCUPATION OF DECEASED, SPECIFY:

16. SIGNATURE Mrs. Thos. C. Reidbank Crosby Funeral Home

ADDRESS Crosby Texas TEXAS

SIGNATURE W. C. Pope M. D.

ADDRESS Crosby TEXAS

20. FILE NUMBER | FILE DATE | SIGNATURE OF LOCAL REGISTRAR | POSTOFFICE ADDRESS

8-26 1940 Mont Welch Boone Creek TEXAS

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

PERSONAL AND STATISTICAL PARTICULARS: 3 SEX, 4. COLOR OR RACE, 5. SINGLE, MARRIED, WIDOWED OR DIVORCED, 6. DATE OF BIRTH, 7. AGE, 8A. TRADE, PROFESSION OR KIND OF WORK DONE, 8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED, 9. BIRTHPLACE, 10. NAME, 11. BIRTHPLACE, 12. MAIDEN NAME, 13. BIRTHPLACE, 14. SIGNATURE, ADDRESS, 15. PLACE OF BURIAL OR REMOVAL, DATE, 16. SIGNATURE, ADDRESS. MEDICAL PARTICULARS: 17. DATE OF DEATH, 18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM, TO, I LAST SAW HIM ALIVE ON, THE DEATH OCCURRED ON THE DATE STATED ABOVE AT, THE PRIMARY CAUSE OF DEATH WAS, DURATION, CONTRIBUTORY CAUSES WERE, IF NOT DUE TO DISEASE, SPECIFY WHETHER: ACCIDENT, SUICIDE, OR HOMICIDE, DATE OF OCCURRENCE, PLACE OF OCCURRENCE, MANNER OR MEANS IF RELATED TO OCCUPATION OF DECEASED, SPECIFY, SIGNATURE, ADDRESS. 20. FILE NUMBER, FILE DATE, SIGNATURE OF LOCAL REGISTRAR, POSTOFFICE ADDRESS.

