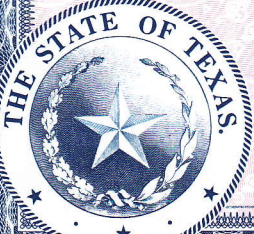
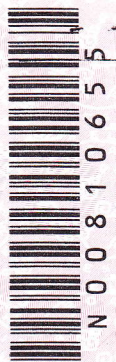
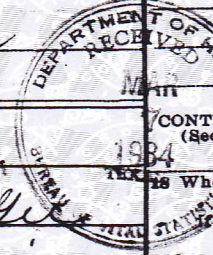


STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

THIS PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Where children, as given as cause of Death, the birth Certificate. Every item of information should be care- fully 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.

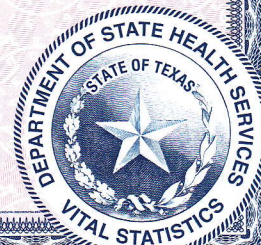
1 PLACE OF DEATH				TEXAS STATE DEPARTMENT OF HEALTH			
State of Texas				BUREAU OF VITAL STATISTICS			
COUNTY OF <u>Delta</u>				Registrar's No <u>6799</u>			
CITY OR PRECINCT <u>Ben Franklin</u>				Standard Certificate of Death.			
2 FULL NAME OF DECEASED <u>W. L. Mc Gee</u>				Residence			
Length of residence in city where death occurred				How long in U. S. If foreign born?			
yrs. mos. days				yrs. mos. days			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL PARTICULARS			
3. SEX		4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)		16. DATE OF DEATH	
<u>male</u>		<u>whit.</u>		<u>married</u>		<u>2-10-1934</u>	
6a. If married, widowed, or divorced				17. I HEREBY CERTIFY, That I attended deceased from			
HUSBAND of <u>Mr. W. L. Mc Gee</u>				19__ to 19__			
(or) WIFE of <u>Mrs. Etta Mc Gee</u>				that I last saw h_____ alive on _____, 19__			
6. DATE OF BIRTH (Month, day, and year) <u>Apr. 25 1880</u>				and that death occurred on the date stated above, at _____ m.			
7. AGE				The CAUSE OF DEATH was as follows:			
Yrs. <u>53</u>	Months <u>9</u>	Days <u>15</u>	If LESS than 1 day, — hrs. or — min.)	<u>Supposed to be heart failure</u>			
8. OCCUPATION OF DECEASED				18. (duration) yrs. mos. ds.			
(a) Trade, profession or particular kind of work <u>Farmer</u>				(CONTRIBUTORY (Secondary))			
(b) General nature of industry, business, or establishment in which employed (or employer)				19. (duration) yrs. mos. ds.			
9. BIRTHPLACE (State or country) <u>Tenn.</u>				20. Where was disease contracted			
10. NAME OF FATHER <u>W. F. Mc Gee</u>				If not at place of death? _____			
11. BIRTHPLACE OF FATHER (State or country) <u>Tenn.</u>				Did an operation precede death? _____ Date of _____			
12. MAIDEN NAME OF MOTHER <u>Sarah Fughnie</u>				Was there an autopsy? _____			
13. BIRTHPLACE OF MOTHER (State or country) <u>Tenn.</u>				What test confirmed diagnosis? _____			
14. Signature of informant <u>Mrs. W. L. Mc Gee</u>				(Signed) _____, M. D.			
Address <u>Ben Franklin Tex</u>				19. PLACE OF BURIAL OR REMOVAL <u>Sheloh Cem.</u>			
15. FILED <u>34</u> <u>1934</u> <u>W. L. Mc Gee</u> Registrar.				20. UNDERTAKER <u>Smith Bros.</u>			
				DATE OF BURIAL <u>2-11-1934</u>		ADDRESS	



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED **OCT 15 2010**

Geraldine F. Harris
 GERALDINE F. HARRIS
 STATE REGISTRAR



WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

American Bank Note Company