

*Pudgett*

**WRITE PLAIN EXACT PUNING INK—THIS IS A PERMANENT RECORD**

Where Sullborn 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		Reg. No. <i>3111A</i>		H. O. V. S. <b>D</b>	
BUREAU OF VITAL STATISTICS			STANDARD CERTIFICATE OF DEATH		Registered <i>1253</i>		Ward <i>3-3-3</i>	
County <i>Young</i>			City <i>Wichita</i>		(No. _____) (Year _____)		St. _____ Ward _____	
2 FULL NAME <i>James H. Alfred</i>			(a) RESIDENCE, No. _____ St. _____		(If nonresident 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 PARTICULARS			
3 SEX <i>male</i>		4 COLOR OR RACE <i>white</i>		5 SINGLE, MARRIED, WIDOWED OR DIVORCED <i>Married</i>		16 DATE OF DEATH <i>Feb 26</i> 192 <i>7</i>		
6 DATE OF BIRTH <i>Dec 2</i> 18 <i>35</i>					17 I HEREBY CERTIFY, That I attended deceased from <i>Oct</i> 192 <i>6</i> , to <i>Feb 26</i> 192 <i>7</i>			
7 AGE <i>87</i> yrs _____ mos _____ ds.					that I last saw him alive on <i>Feb 26</i> 192 <i>7</i>			
8 OCCUPATION <i>Farmer</i>					and that death occurred on the date stated above, at <i>P.</i> m.			
9 BIRTHPLACE <i>Texas</i>					The CAUSE OF DEATH* was as follows: <i>Senility</i>			
10 NAME OF FATHER <i>Do not know</i>					Contributory (Secondary) _____			
11 BIRTHPLACE OF FATHER _____					(duration) _____ yrs _____ mos _____ ds.			
12 MAIDEN NAME OF MOTHER _____					18 Where was disease contracted? _____			
13 BIRTHPLACE OF MOTHER _____					If not at place of death? _____			
14 THE ABOVE IS TRUE (Informant) <i>Brit Alfred</i>					Did an operation precede death? _____ Date of _____			
(Address) <i>Wichita</i>					Was there an autopsy? _____			
15 Filed <i>3/28</i> 192 <i>7</i> <i>R. T. Fowler</i> Registrar.					What test confirmed diagnosis (Signed) <i>J. O. Pudgett</i> M. D. <i>Feb 28</i> 192 <i>7</i> (Address) <i>Wichita</i>			
					19 PLACE OF BURIAL OR REMOVAL <i>Oak Grove</i>		DATE OF BURIAL <i>3/1</i> 192 <i>7</i>	
					20 UNDERTAKER <i>Wm. E. Morrison</i>		ADDRESS <i>Wichita</i>	