

When this form is given as cause of death, the birth certificate, every item of information should be carefully verified. AGE should be stated in full. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT state of DEATH is very important.

TEXAS STATE BOARD OF HEALTH  
**BUREAU OF VITAL STATISTICS**  
 STANDARD CERTIFICATE OF DEATH

Reg. Dis. No. 8  
 Registered No. 79535  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH  
 County Bastrop  
 City Paige

2 FULL NAME Julia Schmidt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (Write the word) <u>Married</u>
6 DATE OF BIRTH <u>Sept 27 1892</u> (Month) (Day) (Year)		
7 AGE <u>39</u> yrs. <u>5</u> mos. <u>6</u> ds. If less than 2 years state if breast fed If less than 1 day Yes <u>No</u> hrs. mins.		
8 OCCUPATION (a) Trade, profession or particular kind of work <u>House wife</u> (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or Country) <u>Bastrop Co Texas</u>		
10 NAME OF FATHER <u>Will Moseback</u>		
11 BIRTHPLACE OF FATHER (State or Country) <u>Illinois</u>		
12 MAIDEN NAME OF MOTHER <u>Sommers</u>		
13 BIRTHPLACE OF MOTHER (State or Country) <u>Don't know</u>		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 Informant W. J. Schmidt  
 (Address) Paige, Texas

15 Mar 1 1932  
 Filed J. C. Lindner  
 Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH Mar 7 1932  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_ that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date stated above at \_\_\_\_\_ The CAUSE OF DEATH\* was as follows:  
Stroke  
and heart failure  
due to high blood pressure  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) J. C. Lindner  
Mar 7 1932 (Address) Paige, Texas  
 \*Use International List of Causes of Death—State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).  
 At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the \_\_\_\_\_ State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted? \_\_\_\_\_  
 If not at place of death \_\_\_\_\_  
 Previous or usual residence Presidence

19 PLACE OF BURIAL OR REMOVAL Paige cemetery DATE OF BURIAL Mar 7 1932  
 20 UNDERTAKER Henry Lehman ADDRESS Giddings Tex

DEPARTMENT OF HEALTH  
**FILED**  
 APR 5 1932