

Texas Death Certificate, 1910-present

STATE OF TEXAS 227-12 227-01 CERTIFICATE OF DEATH 4109 30 STATE FILE NO. 95142	
1. PLACE OF DEATH a. COUNTY Travis	
2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Texas b. COUNTY Travis	
b. CITY OR TOWN (If outside city limits, give precinct no.) Austin c. LENGTH OF STAY 18 months	
c. CITY OR TOWN (If outside city limits, give precinct no.) Austin	
d. NAME OF (If not in hospital, give street address) 500 St. John's Ave HOSPITAL OR INSTITUTION Four Seasons Nursing Home	
d. STREET ADDRESS (If rural, give location) 4415 Gillis	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE OUTSIDE CITY LIMITS? NO <input type="checkbox"/>	
3. NAME OF DECEASED (a) First Arnold (b) Middle Henry (c) Last Becker 4. DATE OF DEATH December 4, 1975	
5. SEX Male 6. COLOR OR RACE Caucasian	
7. MARRIAGE STATUS <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
8. DATE OF BIRTH April 5, 1892 9. AGE (In years last birthday) 83	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Ret) Farmer 11. BIRTHPLACE (State or foreign country) Elroy, Texas	
12. CITIZENSHIP USA	
13. FATHER'S NAME Ernest H. Becker 14. MOTHER'S MAIDEN NAME Bertha Pauline Hechel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. 464-86-9416	
17. INFORMANT Mr. Ernest Becker (Brother)	
18. TEXAS DEPARTMENT OF HEALTH - PART I. DEATH WAS CAUSED BY: Acute Coronary Artery Sclerosis heart	
19. INTERVAL BETWEEN ONSET AND DEATH 4	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.	
20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
21. I hereby certify that I attended the deceased from 30 May 75 to 4 Dec 75 and last saw the deceased alive on 2 Dec 75 Death occurred at 2 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE James G. Fauerns (Degree or title)	
22b. ADDRESS 4015 Guadalupe Austin, TX	
22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec 9, 1975	
23c. NAME OF CEMETERY OR CREMATORY Salem Lutheran Cemetery	
23d. LOCATION (City, town, or county) (State) Travis County Texas	
24. FUNERAL DIRECTOR'S SIGNATURE #3411	
25. REGISTRAR'S SIGNATURE John V. Secum, Jr. AUSTIN, TEXAS	
25a. REGISTRAR'S FILE NO. 1860 25b. DATE REC'D BY LOCAL REGISTRAR DEC 16 1975	

Place of death

Certificate number

Residence

Date of death

Name of deceased

Age, birth date, birth place

Parent's names

Informant

Burial place & date

Cause of death

Texas Report of Death, 1903-1910

A 1148—Report of Death The M. F. Exline Co., Dallas.

50046

Name of Deceased Green H. Boyd Race White Nationality American

Sex Male Age 64 Years, 5 Months, 5 Days

Residence Gold Springs, San Jacinto County, Tex. Alien or Citizen Citizen

Cause of Death Heart Failure

Died on the First day of June 19 U.S. at about 5-9 P.M.

To County Clerk, San Jacinto County Texas:
Herewith enclose report of Death as required by law, and certify that the same is correct, all of which is respectfully submitted.

Witness my hand at Gold Springs Texas, this 11 day of June 1908.

Signature J. P. Carlisle, M.D.
[Physician, Accouchent or Coroner.]

Address.....

ALTY FOR FAILURE TO REPORT
HIN 10 DAYS, \$5.00 TO \$50.00

Annotations:

- Name of deceased: Green H. Boyd
- Certificate number: 50046
- Age: 64 years, 5 months, 5 days
- Residence: Gold Springs, San Jacinto County, Tex.
- Death date: First day of June, 1908
- Death place: Gold Springs, Texas
- Cause of death: Heart Failure