

State of Texas  
CERTIFICATE OF DEATH

39826

1481-208-4000

CLERK'S  
REG. NO.

County of Lampasas Date of Death July 4, 1909.

(If death occurred in Hospital or Institution, give its NAME instead of street and number.)

Full Name W. F. Read Place of Death Lampasas, Tex. Residence Lampasas, Tex.

(If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information.")

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

Length of Residence

At Place of Death 17 years 10 months

In Texas 30 years X months

Date of Birth March 20, 1849 Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Sex Male Color or Race White Alien or Citizen \_\_\_\_\_

Single, Married,  
Widowed or Divorced

Birthplace Edwards, Dept, Miss.

Occupation Primmer

Name of Father William Read

Birthplace of Father Pa. (State or Country)

Maiden Name of Mother Maria L. Doteam

Birthplace of Mother Winchester Va. (State or Country)

I HEREBY CERTIFY that I attended deceased from June 30, 1909, to July 4, 1909; that I saw him alive on July 4, 1909; and that death occurred, on the date stated above, at 9:35 P. M.

The CAUSE OF DEATH was as follows:

Immediate Cerebral Hemorrhage

Contributory \_\_\_\_\_

Signed J. T. Ellis, M. D.  
July 8, 1909. (Address) Lampasas, Tex.

SPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS:

Former or Usual Residence \_\_\_\_\_

How Long at Place of Death? \_\_\_\_\_ Days

Where was Disease Contracted, if Not at Place of Death? \_\_\_\_\_

Place of Burial or Removal \_\_\_\_\_ Date of Burial \_\_\_\_\_

Under taker \_\_\_\_\_ Address \_\_\_\_\_