

IF NON-RESIDENT, BE CAREFUL TO GIVE THE COMPLETE RESIDENCE OF THE DECEASED, STATING BOTH CITY, COUNTY AND STATE. THE RESIDENCE IS THE USUAL PLACE OF ABODE.

1. PLACE OF DEATH STATE OF TEXAS		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS	
COUNTY OF <u>Gray</u>		STANDARD CERTIFICATE OF DEATH	
CITY OR PRECINCT NO. <u>Pampa</u>		REGISTRAR'S NO. <u>1327</u>	
NO. <u>1016</u> STREET <u>E. Scott</u>		IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.	
LENGTH OF RESIDENCE WHERE DEATH OCCURRED <u>5</u> YEARS MONTHS DAYS		HOW LONG IN U. S. IF FOREIGN BORN? YEARS MONTHS DAY	
2. FULL NAME OF DECEASED <u>Pansy Viola Tate</u>			
RESIDENCE OF THE DECEASED NO. <u>1016</u> STREET <u>E. Scott</u> CITY <u>Pampa</u> STATE <u>Texas</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL PARTICULARS	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb. 16, 1940</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. L. Tate</u>			22. I, HEREBY, CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19____, TO _____, 19____.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 29, 1896</u>			I LAST SAW H. <u>Er</u> ALIVE ON <u>Aug 22</u> , 19 <u>39</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.
7. AGE <u>43</u> YEARS <u>5</u> MONTHS <u>17</u> DAYS	IF LESS THAN 1 DAY, _____ HRS. _____ MIN.		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Cancer of uterus (cervix)</u>
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		DATE OF ONSET _____
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>General debility</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	13. NAME <u>Sam Keith</u>		NAME OF OPERATION _____ DATE OF _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	15. MAIDEN NAME <u>Eliza Hunter</u>		WHAT TEST CONFIRMED DIAGNOSIS? <u>Biopsy</u> WAS THERE AN AUTOPSY? <u>no</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	17. INFORMANT <u>E. L. Tate</u>		23. IF DEATH WAS DUE TO FETTERAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE _____
(ADDRESS) <u>Pampa Tex</u>	18. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>		DATE OF INJURY _____
18. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	19. UNDERTAKER <u>Dubushel Carmichael</u>		WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)
(ADDRESS) <u>Pampa, Texas</u>	20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR <u>W. J. Jones</u>		SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE. _____
FILE DATE <u>Feb. 17, 1940</u>	(SIGNATURE) _____		MANNER OF INJURY _____
			NATURE OF INJURY _____
			24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>
			IF SO, SPECIFY _____
			(SIGNED) <u>W. J. Jones</u> M. D.
			(ADDRESS) <u>Pampa, Tex</u>

THE STATE OF TEXAS }  
COUNTY OF GRAY } KNOW ALL MEN BY THESE PRESENTS

I, WANDA CARTER, County Clerk, Gray County, Texas, do hereby certify that the above and foregoing is a true and correct copy of the Death Certificate which appears of record in my office.

WITNESS my hand and official seal of office at Pampa, Texas, on this the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 1940

WANDA CARTER, Clerk of the  
County Court of Gray County, Texas  
By Joeline Fryer, Deputy  
JOELINE FRYER, DEPUTY