

**STATE OF TEXAS**  
**CERTIFICATION OF VITAL RECORD**

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

CERT 309

1. PLACE OF DEATH STATE OF TEXAS		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		55749	
COUNTY OF <u>Hidalgo</u>					
CITY OR PRECINCT NO. <u>7</u>		<u>Mile 8 &amp; Mile 4<sup>1</sup>/<sub>2</sub></u>		<u>Res.</u>	
2. FULL NAME OF DECEASED <u>William Henry Whitlock</u>					
LENGTH OF RESIDENCE WHERE DEATH OCCURRED <u>22</u> YEARS MONTHS DAYS (SOCIAL SECURITY NO. _____)					
RESIDENCE OF THE DECEASED (STREET AND NO. <u>Mile 8 &amp; 4<sup>1</sup>/<sub>2</sub></u> CITY <u>Weslaco</u> COUNTY <u>Hidalgo</u> STATE <u>Tex</u> )					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	17. DATE OF DEATH <u>December 23 1946</u> . 194 <u>6</u>			
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>Married</u>		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Dec 21 - 1946</u> TO <u>Dec 23 - 1946</u>			
6. DATE OF BIRTH <u>March 18, 1861</u>		I LAST SAW HIM ALIVE ON <u>Dec 23 - 1946</u> <u>8:30 P. M.</u>			
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY <u>85</u> <u>9</u> <u>5</u>	THE DEATH OCCURRED ON THE DATE STATED ABOVE AT _____ M.				
8A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Farmer</u>		THE PRIMARY CAUSE OF DEATH WAS: <u>Uremia</u>			DURATION
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED		CONTRIBUTORY CAUSES WERE: <u>Cardiac + Renal insufficiency</u>			
9. BIRTHPLACE (STATE OR COUNTRY) <u>Alabama</u>		IF NOT DUE TO DISEASE, SPECIFY WHETHER: ACCIDENT, SUICIDE, OR HOMICIDE			
10. NAME <u>John Whitlock</u>		DATE OF OCCURRENCE <u>JAN 8 1947</u>			
11. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		PLACE OF OCCURRENCE <u>TEXAS</u>			
12. MAIDEN NAME <u>Elizabeth Foster</u>		MANNER OR MEANS IF RELATED TO OCCUPATION OF DECEASED, SPECIFY			
13. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		SIGNATURE <u>[Signature]</u> M.D. COR.			
14. SIGNATURE <u>[Signature]</u>		ADDRESS <u>Weslaco</u> TEXAS			
15. PLACE OF BURIAL OR REMOVAL <u>Weslaco, Texas</u>		20. FILE NUMBER <u>254</u>			
DATE <u>December 26, 1946</u>		FILE DATE <u>12/24</u> 194 <u>6</u>		SIGNATURE OF LOCAL REGISTRAR <u>[Signature]</u>	
16. SIGNATURE <u>[Signature]</u>		POSTOFFICE ADDRESS <u>Weslaco</u> TEXAS			
ADDRESS <u>Weslaco, Texas</u>					

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE



E220379

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Chapter 678, Health & Safety Code, 1989.

ISSUED APR 02 1992  
Janet Casey

Richard B. Bays  
RICHARD B. BAYS  
STATE REGISTRAR

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE