

1. PLACE OF DEATH		TEXAS DEPARTMENT OF HEALTH	
STATE OF TEXAS		BUREAU OF VITAL STATISTICS	
COUNTY OF <u>HOCKLEY</u>		STANDARD CERTIFICATE OF DEATH	
CITY OR PRECINCT NO. <u>RT # 5 LEVELLAND</u>		23766	
2. FULL NAME OF DECEASED <u>MAY A WILLIAMS</u>			
GIVE STREET AND NUMBER OR NAME OF INSTITUTION			
LENGTH OF RESIDENCE WHERE DEATH OCCURRED <u>1</u> YEARS <u>  </u> MONTHS <u>  </u> DAYS. (SOCIAL SECURITY NO. <u>NONE</u> )			
RESIDENCE OF THE DECEASED   STREET AND NO. <u>  </u> CITY <u>HOCKLEY</u> COUNTY <u>HOCKLEY</u> STATE <u>tex</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL PARTICULARS	
3. SEX <u>FEM</u>	4. COLOR OR RACE <u>WHITE</u>	17. DATE OF DEATH <u>MAY 10 1944</u>	
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>MARRIED</u>		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>3/13/44</u> TO <u>5/10/44</u>	
6. DATE OF BIRTH <u>MAY 21 1864</u>		I LAST SAW HIM ALIVE ON <u>5/10/44</u>	
7. AGE <u>79</u> YEARS <u>11</u> MONTHS <u>19</u> DAYS	IF LESS THAN 1 DAY <u>  </u> HOURS <u>  </u> MIN	THE DEATH OCCURRED ON THE DATE STATED ABOVE AT <u>1:08 a.m.</u>	
8A. TRADE, PROFESSION OR KIND OF WORK DONE <u>RETIRED HOUSEWIFE</u>	THE PRIMARY CAUSE OF DEATH WAS:		
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED	<u>Carcinoma of liver</u>		DURATION <u>2 yrs</u>
9. BIRTHPLACE (STATE OR COUNTRY) <u>TEXAS</u>	CONTRIBUTORY CAUSES WERE		<u>6 mo</u>
10. NAME <u>J BAKER</u>	<u>cachexia</u>		<u>5 years</u>
11. BIRTHPLACE (STATE OR COUNTRY) <u>D K</u>	<u>hypertensive</u>		
12. MAIDEN NAME <u>D.K.</u>	<u>Heart disease</u>		
13. BIRTHPLACE (STATE OR COUNTRY) <u>D.K.</u>	IF NOT DUE TO DISEASE, SPECIFY WHETHER:		
14. SIGNATURE <u>D.L. CHEEK</u>	ACCIDENT, SUICIDE, OR HOMICIDE <u>  </u>		
ADDRESS <u>RT # 5 LEVELLAND TEX</u>	DATE OF OCCURRENCE <u>  </u>		
15. PLACE OF BURIAL OR REMOVAL <u>LUBBOCK CEM.</u>	PLACE OF OCCURRENCE <u>  </u>		
DATE <u>MAY 11 1944</u>	MANNER OR MEANS <u>  </u>		
16. SIGNATURE <u>BRYAN Mc DONALD &amp; SON FUNERAL HOME</u>	IF RELATED TO OCCUPATION OF DECEASED, SPECIFY <u>  </u>		
ADDRESS <u>2304 BROADWAY LUBBOCK TEX</u>	SIGNATURE <u>Harold W. Don</u>		M.D. <u>  </u>
	ADDRESS <u>Leveland</u>		COR. <u>  </u>
			TEXAS <u>  </u>
20. FILE NUMBER <u>352</u>	FILE DATE <u>5-15 1944</u>	SIGNATURE OF LOCAL REGISTRAR <u>W R Baker</u>	POSTOFFICE ADDRESS <u>  </u>
			TEXAS <u>  </u>

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

