

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 STANDARD CERTIFICATE OF DEATH		868 166	
COUNTY OF <u>Cameron,</u>		CITY OR PRECINCT NO. <u>Harlingen</u> <u>Texas</u>		REGISTRAR'S NO. <u>3</u>	
CITY OR PRECINCT NO. <u>Harlingen</u> <u>Texas</u>		NO. <u>Valley Baptist Hospital.</u> STREET <u>Valley Baptist Hospital.</u>		IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.	
LENGTH OF RESIDENCE IN CITY WHERE DEATH OCCURRED		YEARS <u>913</u> MONTHS <u>South "F"</u> DAYS <u>Harlingen</u>		HOW LONG IN U. S. IF FOREIGN BORN? YEARS <u>Texas.</u> MONTHS <u>913</u> DAYS <u>South "F"</u>	
2. FULL NAME OF DECEASED <u>Jeptha Carl Whittle</u>		RESIDENCE OF THE DECEASED NO. <u>913</u> STREET <u>South "F"</u>		CITY <u>Harlingen</u> STATE <u>Texas.</u>	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE <u>Married</u> MARRIED <u>Married</u> WIDOWED <u>Married</u> DIVORCED <u>Married</u> (WRITE THE WORD)	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Mrs J C Whittle,</u> (OR) WIFE OF <u>Mrs J C Whittle,</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 22nd</u> <u>1904</u>					
7. AGE <u>33</u> YEARS <u>7</u> MONTHS <u>25</u> IF LESS THAN 1 DAY, <u>1038</u> HRS. <u>1038</u> MIN. <u>1038</u>					
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Auto Machinic</u>					
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Automobile repair.</u>					
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>1038</u>					
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>1038</u>					
12. BIRTHPLACE (CITY OR TOWN) <u>Emery Texas.</u> (STATE OR COUNTRY) <u>Emery Texas.</u>					
13. NAME <u>Jeptha C Whittle.,</u>					
14. BIRTHPLACE (CITY OR TOWN) <u>Emery Texas</u> (STATE OR COUNTRY) <u>Emery Texas</u>					
15. MAIDEN NAME <u>Maggie Bell Tayler.,</u>					
16. BIRTHPLACE (CITY OR TOWN) <u>Emery Texas</u> (STATE OR COUNTRY) <u>Emery Texas</u>					
17. INFORMANT <u>Mrs J C Whittle.,</u> <u>Harlingen Texas</u> (ADDRESS) <u>Harlingen Texas</u>					
18. BURIAL REMOVAL PLACE <u>Greenville Texas</u> DATE <u>1/17/38</u>					
19. UNDERTAKER <u>John T Thompson,</u> <u>Harlingen Texas</u> (ADDRESS) <u>Harlingen Texas</u>					
20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR <u>1-17-</u> 193 <u>8</u> <u>C. J. Starnes</u> (FILE DATE) (SIGNATURE)					
MEDICAL PARTICULARS					
21. DATE OF DEATH (MONTH, DAY AND YEAR) <u>1/16/38</u> 193 <u>8</u>					
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>1/16/38</u> 193 <u>8</u> TO <u>1/16/38</u> 193 <u>8</u>					
I LAST SAW <u>im</u> ALIVE ON <u>1/16/38</u> 193 <u>8</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE AT <u>1038</u> M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Shot gun wounds</u>					
self inflicted					
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>none</u>					
NAME OF OPERATION <u>none</u> DATE OF <u>none</u>					
WHAT TEST CONFIRMED DIAGNOSIS? <u>none</u> WAS THERE AN AUTOPSY? <u>no</u>					
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: <u>Suicide,</u>					
ACCIDENT, SUICIDE, OR HOMICIDE <u>none</u>					
DATE OF INJURY <u>1/16/38</u> 193 <u>8</u>					
WHERE DID INJURY OCCUR <u>913 Sth "F" St</u> (SPECIFY CITY OR TOWN, COUNTY, AND STATE)					
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE. <u>In home or Yard at home</u>					
MANNER OF INJURY <u>shot gun wound</u>					
NATURE OF INJURY <u>shot gun wound</u>					
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>					
IF SO, SPECIFY <u>George L. Starnes</u> (SIGNED) <u>Harlingen Texas</u> (ADDRESS)					