

TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

141 B.O.V.S.
Reg. Dis. No.
Register 27224 FORM D

1 PLACE OF DEATH

County *Willbarger*

City *Vernon* (No., St.; Ward)

2 FULL NAME *W.E. Shankle*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]
36111

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 Color or Race *white* 5 Single, Married, Widowed or Divorced Married (Write the word)

6 DATE OF BIRTH *March 26, 1851*
(Month) (Day) (Year)

7 AGE *74* yrs. *4* mos. *4* ds.
If less than 2 years state if breast fed Yes.....No..... If less than 1 dayhrs.mins.

8 OCCUPATION (a) Trade, profession or particular kind of work *Retired Farmer*
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Ark.*

10 NAME OF FATHER *Shankle*

11 BIRTHPLACE OF FATHER (State or country) *Tenn*

12 MAIDEN NAME OF MOTHER *Sorrells*

13 BIRTHPLACE OF MOTHER (State or country) *Tenn*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *W.E. Shankle, Jr.*
Dallas Tex
(Address)

MEDICAL PARTICULARS

16 DATE OF DEATH *July 30, 1925*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended the deceased from *March 30, 1925*, 191... to... 191... that I last saw him live on *March 30, 1925*, and that death occurred, on the date stated above, at... m.

The CAUSE OF DEATH* was as follows:
Senility
Diabetes
(Duration *2* yrs. *1* mos. *30* ds.)

Contributory *Same*
(Secondary) (Duration..... yrs..... mos..... ds.)

(Signed) *J.E. Dodson*, M. D.
Dept. 2nd 25, 19... (Address) *Vernon Tex*

*Use International List of Cause of Death—State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Yargo Cem* DATE OF BURIAL *July 31, 1925*

20 UNDERTAKER *W. W. Woodward* ADDRESS *Vernon*

15 Filed *10-16-25* *Jr Brock*
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
Where still is given as cause of Death, file birth certificate. Every item of information should be care-fully secured. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.