

PLACE OF DEATH

County of

Township of

or

Village of

or

City of

(If death occurs away from
USUAL RESIDENCE

give facts called for under

"Special Information.")

FULL NAME

DEATH CERTIFICATE

WICHITA, KANSAS

No Incomplete Return Will be Accepted

Registered No. 424

(No. Denison Texas Ward)

(If death occurred in a Hospital or Institution, give its NAME instead of street and No.)

FULL NAME Eula M. Hanan

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH

Month Day Year

AGE

1 years, 3 months, 9 daysSINGLE, MARRIED,
WIDOWED, OR DIVORCEDBIRTHPLACE
(State or Country)NAME OF
FATHERBIRTHPLACE
OF FATHER
(State or Country)MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER
(State or Country)

OCCUPATION

The above stated Personal Particulars are true to the
best of my knowledge and belief.(Informant) A. J. Wright(Address) J CityFiled Sept 8 1909 F. J. Clayton
City ClerkSec 137

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Sept 6 1909

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended de-

ceased from 190.....

to 190.....; that I last

saw h..... alive on 190.....

and that death occurred, on the date stated

above, at M. THE CAUSE OF

DEATH was as follows:

Enteric Gallitis;
complicated by Meningitis.

CONTRIBUTORY (DURATION) DAYS

(Signed) A. V. Rutledge, M.D.Sept 7 1909 (Address) Denison TexSPECIAL INFORMATION only for Hospitals, In-
stitutions, Transients, or Recent Residents.Former or Usual Residence How long at
Place of Death? DaysWhere was disease contracted,
If not at place of death?PLACE OF BURIAL
OR REMOVALM Grove

UNDERTAKER

J. W. Hill

DATE OF BURIAL

Sept 8 1909

ADDRESS

J City