

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

X. B.—Every item of information should be carefully supplied. 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.

PLACE OF DEATH

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

County Harris City Houston Registered No. 1391
608 Hamilton (Ward) 16949
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Anastasios Candos

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Infant</u> (Write the Word.)	DATE OF DEATH <u>Aug 22</u> , 19 <u>11</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Sept 14</u> , 19 <u>10</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from _____, 19 <u>11</u> , to _____, 19 <u>11</u> , that I last saw him _____ alive on _____, 19 <u>11</u> , and that death occurred on the date stated above at <u>4:30 P.M.</u> , 19 <u>11</u> . The CAUSE OF DEATH* was as follows: <u>Acute Nephritis</u>	
AGE <u>4</u> yrs. _____ mos. _____ ds.			_____ (Duration) _____ yrs. _____ mos. _____ ds.	
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer).			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>A. E. White</u> , M. D.	
BIRTHPLACE (State or country) <u>Texas</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.	
NAME OF FATHER <u>Tom Candos</u>			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 _____	
BIRTHPLACE OF FATHER (State or country) <u>Greece</u>			DATE OF BURIAL <u>8/23/11</u> , 19 <u>11</u>	
MAIDEN NAME OF MOTHER <u>S. B. Koutzou</u>			ADDRESS <u>Caroline & Prairie St.</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Greece</u>			UNDERTAKER <u>Wid W Co.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>John Nestor</u> (Address) <u>618 Hamilton</u>			DATE AND PLACE OF DEATH <u>Harris Co.</u>	
Filed _____ 19 <u>11</u> C. C. GER. Registrar				