

10948 LN 84601  
744 West 400 North  
Alan H Keal

1. PLACE OF DEATH		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		49850
STATE OF TEXAS				
COUNTY OF	<u>Travis</u>			
CITY OR PRECINCT NO	<u>Austin</u>	<u>3900 Avenue C</u>		
2. FULL NAME OF DECEASED		GIVE STREET AND NUMBER OR NAME OF INSTITUTION		
<u>Mrs. Anna Elizabeth Walker</u>				
LENGTH OF RESIDENCE WHERE DEATH OCCURRED		SOCIAL SECURITY NO.		
<u>41 YEARS MONTHS DAYS</u>				
RESIDENCE OF THE DECEASED		CITY		
<u>3900 Avenue C</u>		<u>Austin</u>		
		COUNTY <u>Travis</u> STATE <u>Texas</u>		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL PARTICULARS		
3 SEX	<u>Female</u>	4 COLOR OR RACE	<u>White</u>	
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD)	<u>Widow</u>	17. DATE OF DEATH	<u>November 6, 1948</u>	
6 DATE OF BIRTH	<u>October 15, 1859</u>	18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM	<u>Nov 6</u> 194 <u>8</u>	
7 AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY	<u>39</u> <u>0</u> <u>12</u>	I LAST SAW HIM ALIVE ON	<u>Nov 6</u> 194 <u>8</u>	
8A. TRADE, PROFESSION OR KIND OF WORK DONE	<u>Housewife</u>	THE DEATH OCCURRED ON THE DATE STATED ABOVE AT	<u>2</u> <u>4</u> M	
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED		THE PRIMARY CAUSE OF DEATH WAS:	DURATION	
9 BIRTHPLACE (STATE OR COUNTRY)	<u>Paris, France</u>	<u>Myocarditis</u>		
10 NAME	<u>Louis Leger</u>	CONTRIBUTORY CAUSES WERE	<u>hypertension</u>	
11 BIRTHPLACE (STATE OR COUNTRY)	<u>France</u>			
12 MAIDEN NAME	<u>Unknown</u>			
13 BIRTHPLACE (STATE OR COUNTRY)	<u>France</u>	IF NOT DUE TO DISEASE, SPECIFY WHETHER		
14 SIGNATURE		ACCIDENT, SUICIDE, OR HOMICIDE		
ADDRESS	<u>4013 Marathon Blvd., Austin, TEXAS</u>	DATE OF OCCURRENCE	<u>DEC 1948</u>	
15 PLACE OF BURIAL OR REMOVAL	<u>Oakwood Cemetery, Austin, TEXAS</u>	PLACE OF OCCURRENCE		
DATE	<u>November 10, 1948</u>	MANNER OR MEANS		
16 SIGNATURE	<u>Need-Corley Funeral Home</u>	IF RELATED TO OCCUPATION OF DECEASED, SPECIFY		
ADDRESS	<u>1609 Lavaca, Austin 21, TEXAS</u>	SIGNATURE	<u>Robt W Shipp</u> M D	
20 FILE NUMBER	FILE DATE	SIGNATURE OF LOCAL REGISTRAR	ADDRESS (Robt. W. Shipp, M.D.) <u>Scarborough Bldg., Austin, TEXAS</u>	
<u>1-21</u>				
			TEXAS	

STATE OF TEXAS  
COUNTY OF TRAVIS

I HEREBY CERTIFY THAT THE ABOVE IS AN EXACT PHOTOGRAPHIC COPY OF THE ORIGINAL CERTIFICATE FILED IN THE BUREAU OF VITAL STATISTICS, TEXAS DEPARTMENT OF HEALTH, AUSTIN, TEXAS.

ISSUED FEB 8 1981

*W. Carroll*

STATE REGISTRAR

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE