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

Reg. Dis. No. **21270** R.O.V.S. **D**  
Registered No. **2128**

1 PLACE OF DEATH  
County **Brewer**  
City **San Antonio, Tex** (No. **1036 Denver Blvd**) St. \_\_\_\_\_ Ward \_\_\_\_\_

2 FULL NAME **Randle R. Algee** (a) RESIDENCE No. **1036 Denver Blvd**  
(If nonresident give city or town and State)  
Length of residence in city or town where death occurred **6** yrs. **6** mos. **6** da. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS		
3 SEX <b>Male</b>	4 COLOR OR RACE <b>White</b>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>	15 DATE OF DEATH <b>Aug - 30 1921</b> (Month) (Day) (Year)		
6 DATE OF BIRTH <b>Feb 24 1841</b> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <b>Aug 25 1921</b> , to <b>Aug 30 1921</b> that I last saw him <b>Alive</b> on <b>Aug 30 1921</b> and that death occurred, on the date stated above, at <b>8:15 p.</b>		
7 AGE <b>80</b> yrs. <b>6</b> mos. <b>6</b> da. If less than 2 years state if breast fed _____ If less than 1 day _____ Yes _____ No _____ hrs. _____ mins.			The CAUSE OF DEATH was as follows: <b>Arterio and Mitral Insufficiency</b> (duration) <b>General yrs.</b>		
8 OCCUPATION (a) Trade, profession or particular kind of work <b>Retired farmer</b> (b) General nature of industry, business or establishment in which employed (or employer) _____			Contributory <b>Chronic Nephritis</b> (Secondary) (duration) <b>Several yrs.</b>		
9 BIRTHPLACE (State or country) <b>Tenn</b>			18 Where was disease contracted If not at place of death? _____		
10 NAME OF FATHER <b>Robt Algee</b>			Did an operation precede death? <b>No</b> Date of _____		
11 BIRTHPLACE OF FATHER (State or country) <b>N.C.</b>			Was there an autopsy? <b>No</b> Physical report _____		
12 MAIDEN NAME OF MOTHER <b>Elizabeth Stockard</b>			What test confirmed diagnosis? <b>Physical report</b>		
13 BIRTHPLACE OF MOTHER (State or country) <b>Tenn</b>			(Signed) <b>Lowry L. Millhiser</b> M.D. <b>Aug 31 1921</b> (Address) <b>San Antonio Tex</b>		
14 THE ABOVE IS TRUE (Informant) <b>W.S. Algee</b> (Address) <b>1036 Denver Blvd</b>			*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Manner and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for State Statutes.)		
15 Filed <b>1921</b> <b>D.W.M. Sec</b>			19 PLACE OF BURIAL OR REMOVAL <b>St of P</b> DATE OF BURIAL <b>Sept 2 1921</b>		
20 UNDERTAKER <b>Wm J. Collins 235 E. Pecan</b>			ADDRESS _____		

L. BROWN, AUSTIN 2487-250-100M

These questions are given as causes of death. The first certificate, when there is information, should be made. If the cause of death is not known, the cause should be stated as "Cause of death unknown." If the cause of death is not known, the cause should be stated as "Cause of death unknown." If the cause of death is not known, the cause should be stated as "Cause of death unknown."