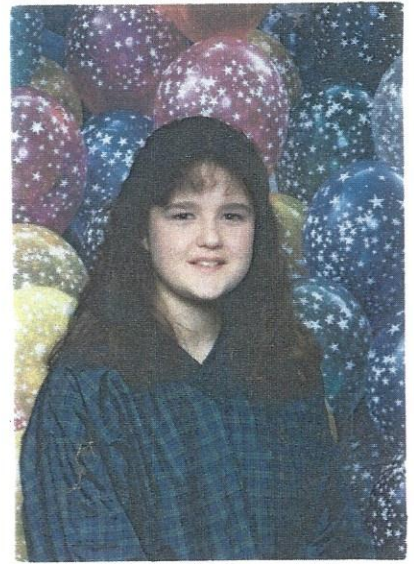


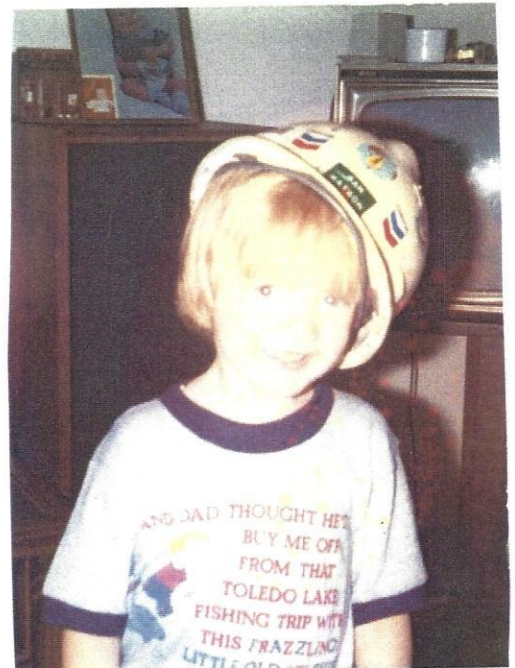
Mikeala Kirk, Charles
and Christopher Kirk



Mikeala Kirk

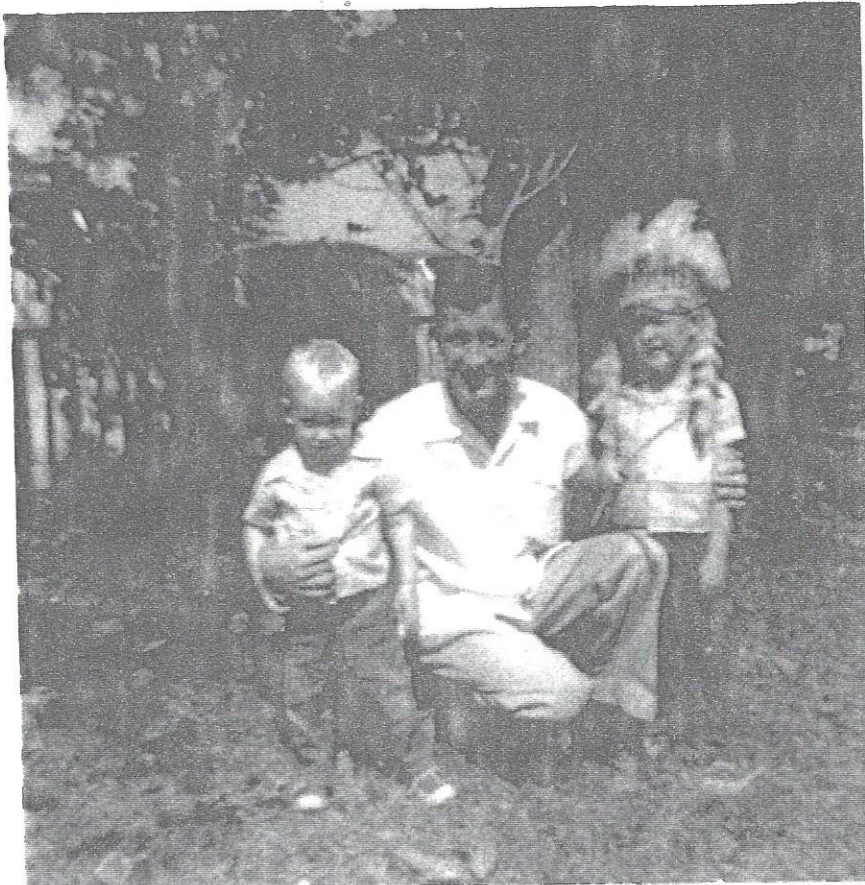


MYRANDA WATSON



Jason Watson

*Th.
Kirk's*



Steven Charles Gene



Joy and Raymond (Bubba)
Davis



*Gerald Ruff Armstrong
5/0 Alice Davis Armstrong
Williams*



Wanell Davis Bubak and Acie M. Bubak



Melinda Bubak Wanell (Davis) Bubak



Wanell, Duffie, Patoy, J.M., Jay Davis
Children of Patt + Bessie Davis



Laura



Mark & Leslie Goldsmith



Melissa



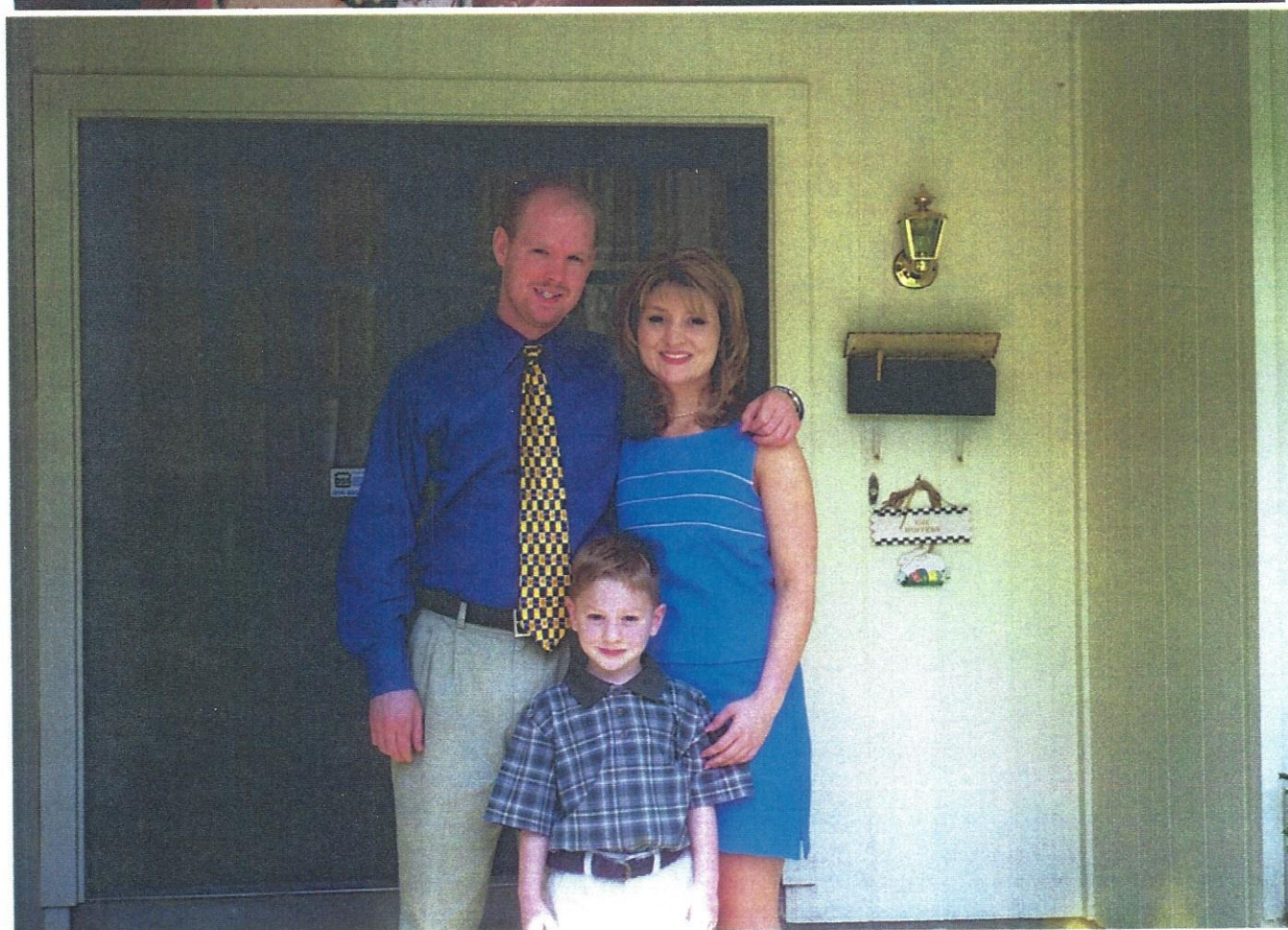
*Back Row: Lessa Goldsmith - Wanell (Davis) Bubak
Clayton Bubak + Justin Bustamante*



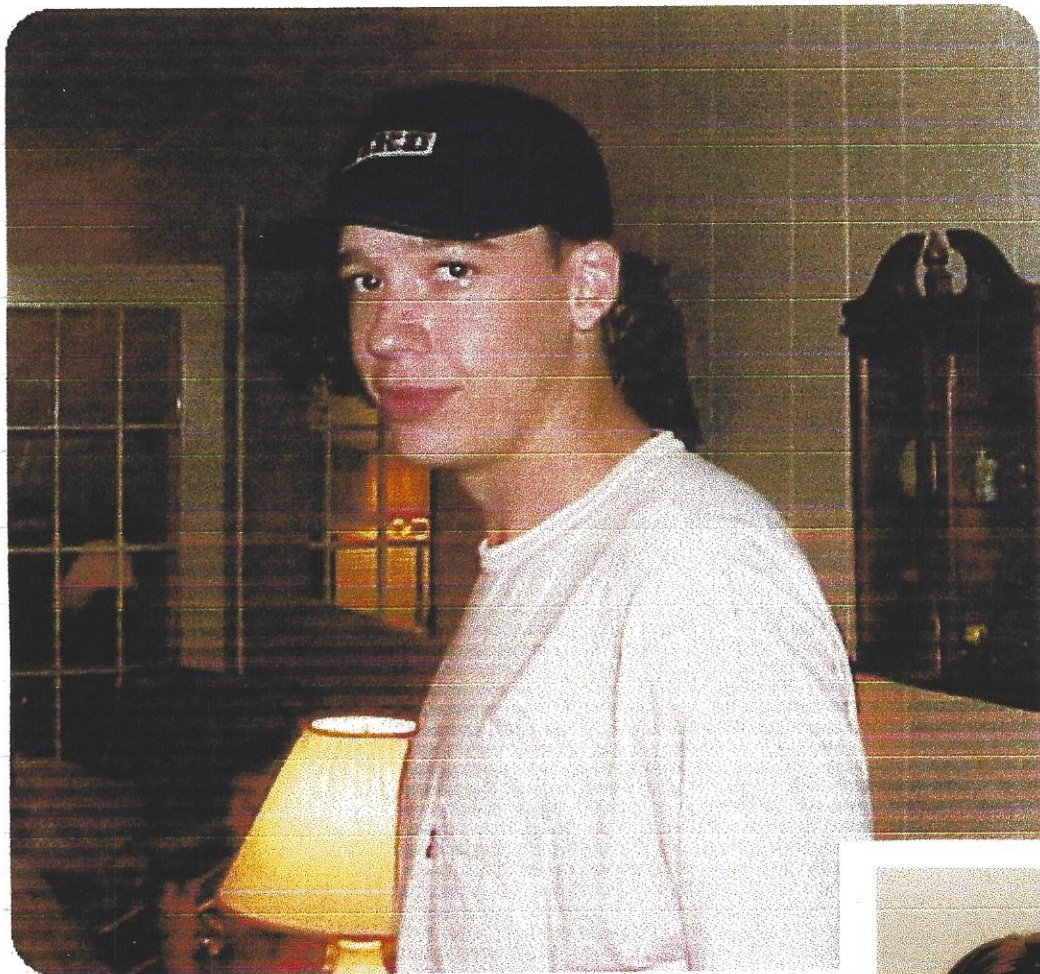
Joy Mae Davis, D/O H. P. Davis and Bessie Mae Riddle Davis



ERIC TRANT & wife Kimberly
S/o JOY DAVIS TRANT & WHEELER TRANT

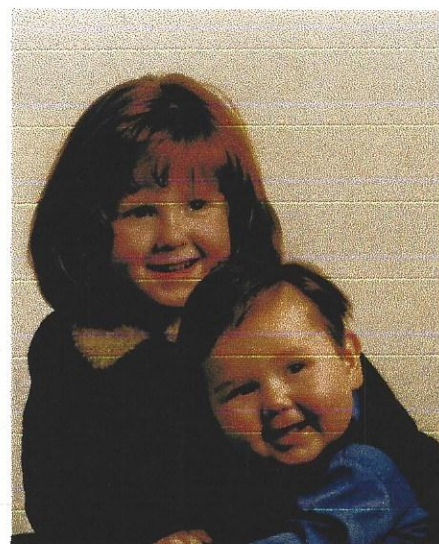


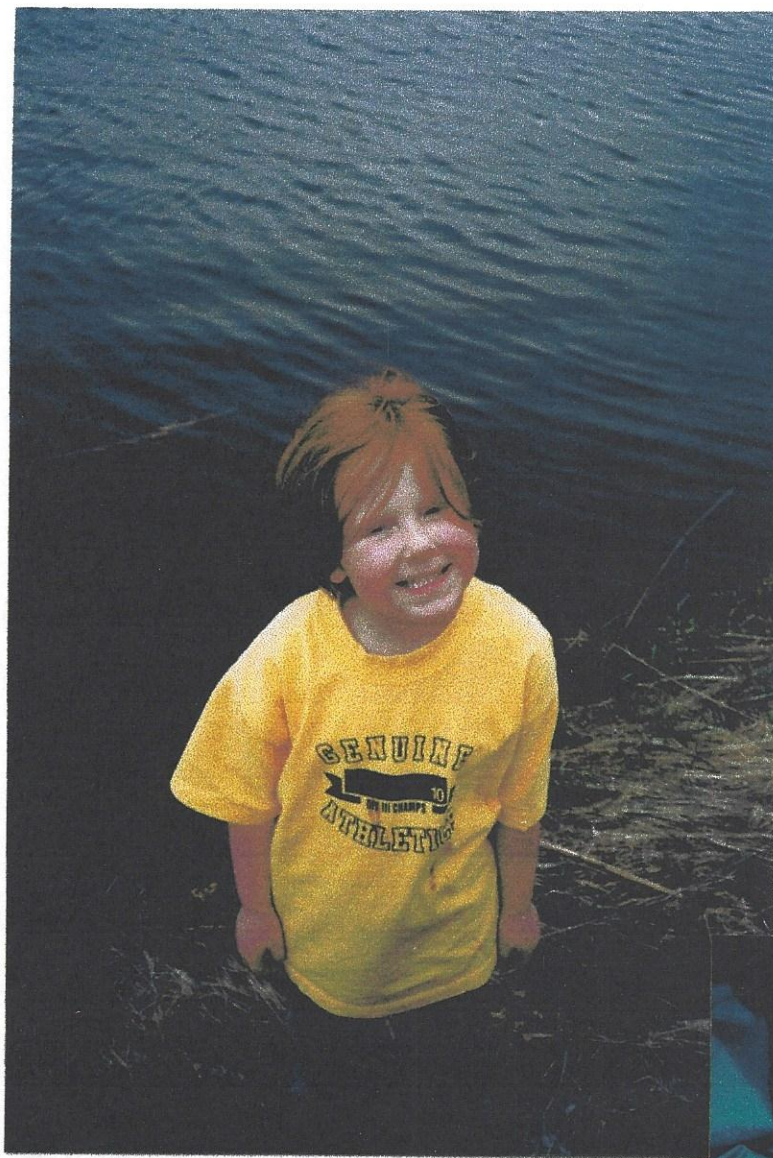
NATHAN, JENNIFER & CAMERON
S/o JOY (DAVIS) TRANT



Above: Jeremy Williams
 3/6 Patrick + Cindy Landrum
 Williams

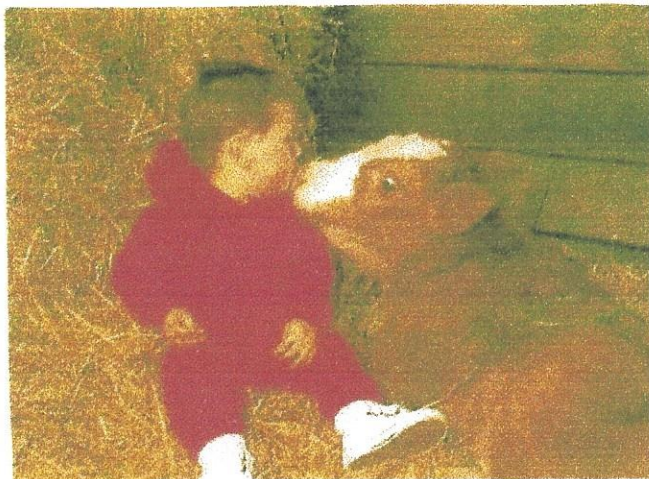
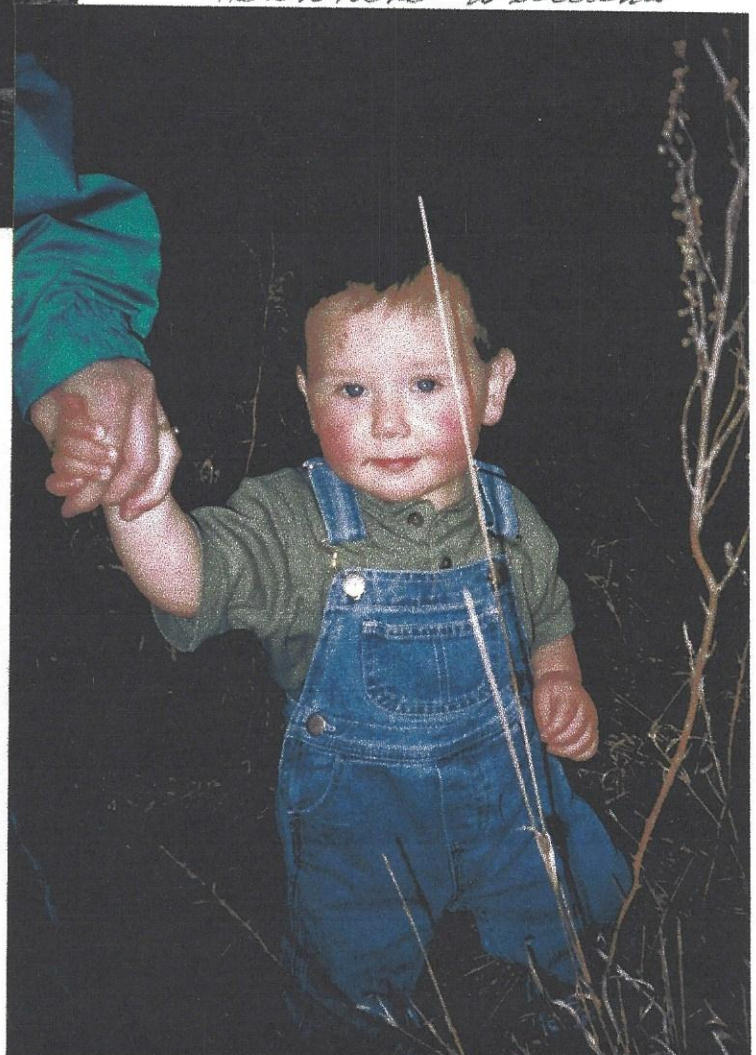
To Right - Ciera Jay Williams
 + Chase Williams. Children of
 Patrick + Jeannine Williams



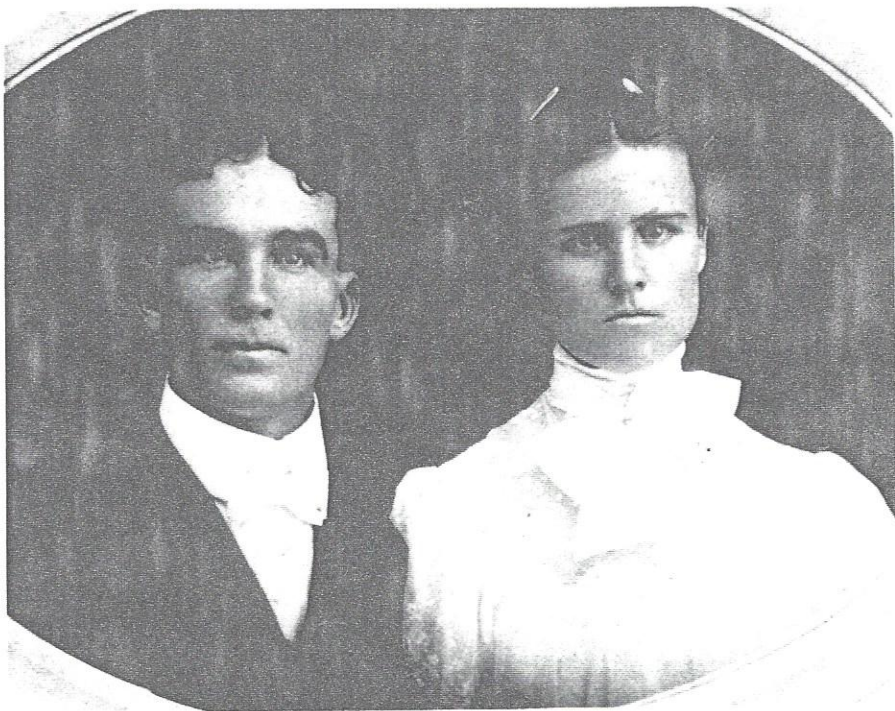


Ciera Williams
D/o Pat + Jeannine
Williams

Chase D/o Pat +
Jeannine Williams



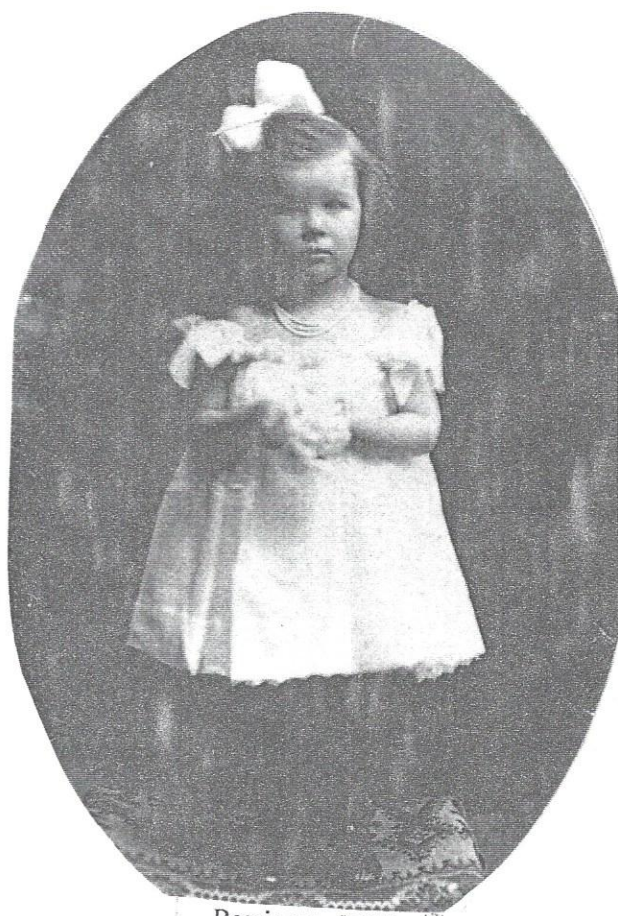
File: Chase and Calf-1.GIF



Samuel Duff Riddle and
Alice McMinn Riddle



Left to right:
Dee Riddle, John Wylie
and Bessie Mae Riddle



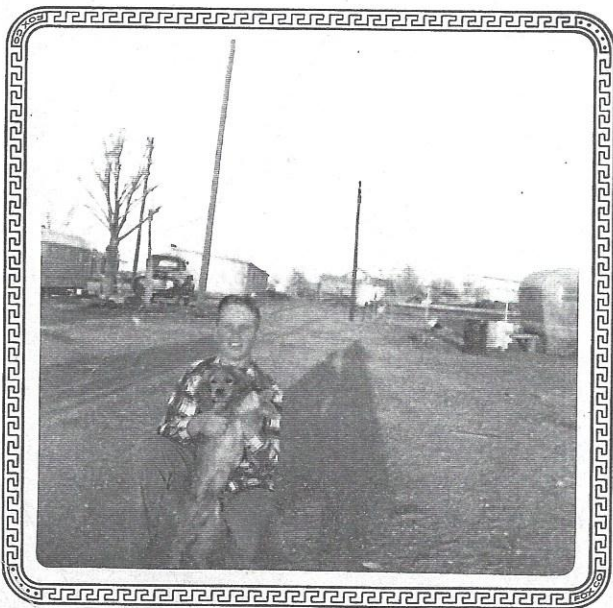
Bessie mae Riddle



Left to right:
Linda Lou Riddle and
Dicky Joe Riddle



Left to Right:
Kenneth and Duff
Riddle



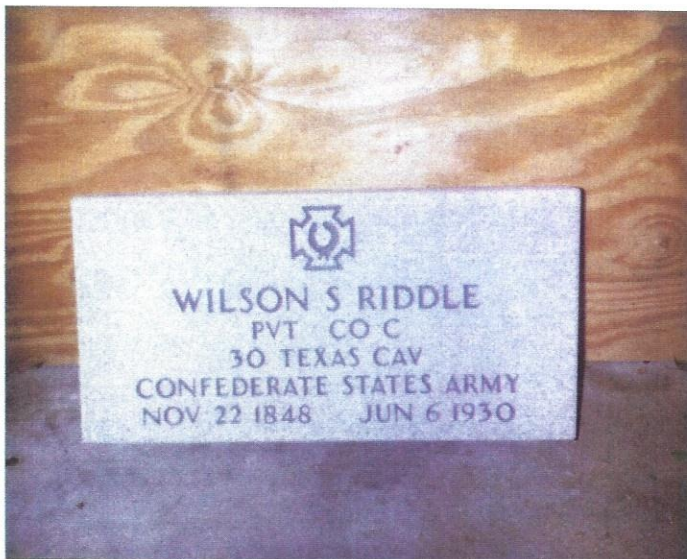
Kenneth Riddle and Rusty



Alma Sheppard Riddle
w/o Dee Riddle



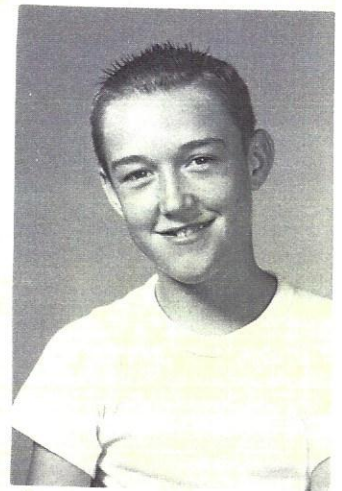
Ray, Wilson, & Karen Riddle, Anne Ramminger, Rusty Catoe, Anita & Adam HerrNeckar
Ken & Velva Riddle, Ashton Ramminger



Samuel Duffie Riddle
J.M. Davis & Duff Davis



Alice Davis P/O Pat & Bessie
 Riddle Davis married twice:
 1. Edward Allen Armstrong
 2. Fred Williams



61-62
 WOODROW WILSON JR. HI.

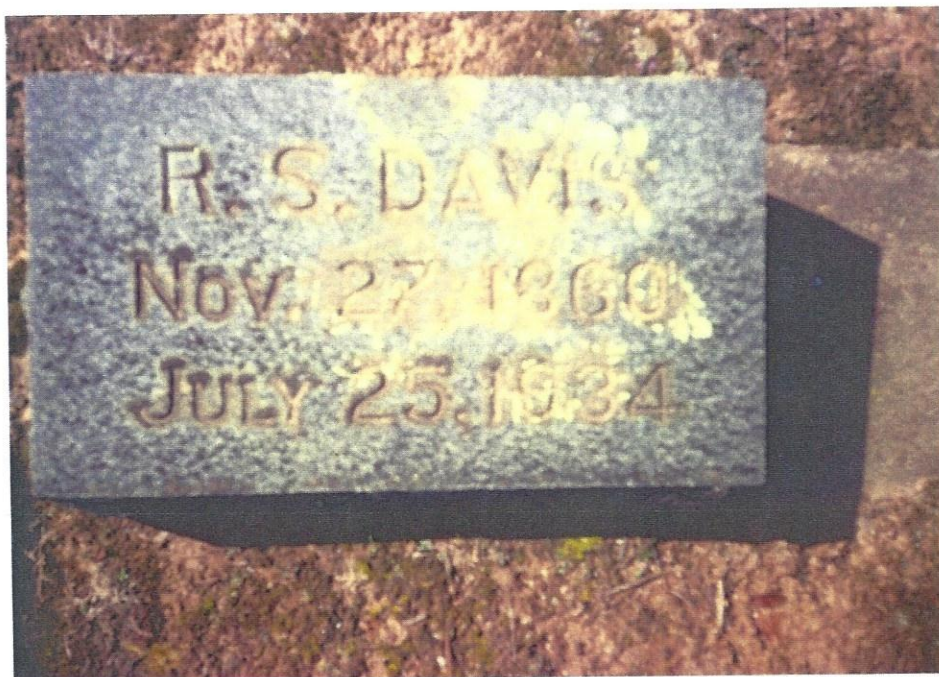
Gerald Duff
 Armstrong



HOWELL PATRICK DAVIS
BORN: MARCH 19, 1903
DIED: JUNE 16, 1989
BESSIE MAE (RIDDLE) DAVIS
BORN: APRIL 12, 1908
DIED: MAY 13, 1964



RAYMOND EUGENE DAVIS
S/O PATT AND BESSIE DAVIS
BORN APRIL 9, 1939
DIED: JAN. 3, 1958



R.S.DAVIS BORN NOV.27, 1860
DIED JULY 23, 1934
H/O LOUISA CASEY



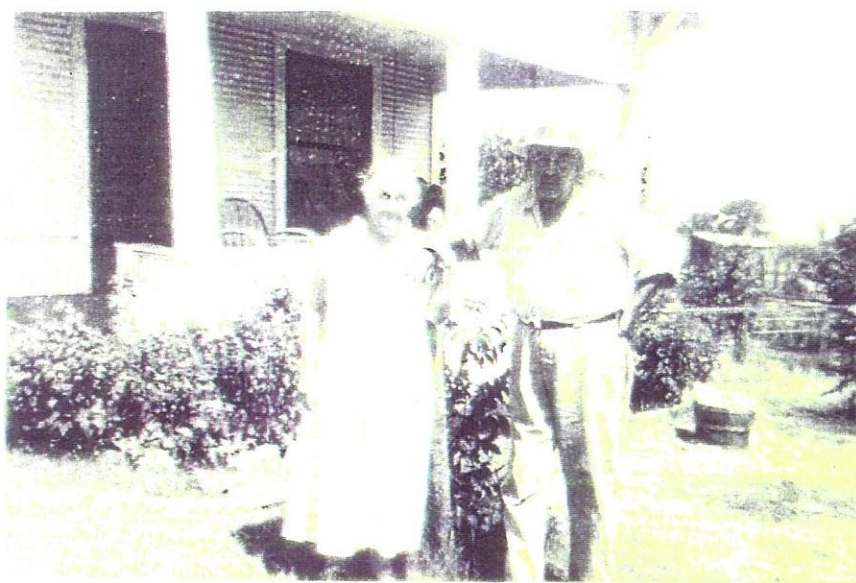
LOUISA CASEY
BORN: AUG. 11. 1816
DIED: DEC. 30, 1914



W.E.Casey
Brother of Elizabeth Jane
Casey Blackwell and Father
of Louisa Casey Davis



WILLIAM ABNER TIPTON DAVIS
 EVALINE MAUDE (HUFF) DAVIS
 PARENTS OF HOWELL P. DAVIS,
 MARY DAVIS DOUGLAS, HOSEY
 STRAW, HOYT DAVIS, HAROLD
 DAVIS, HOMER JACK DAVIS.



Evaline Huff Davis
 W.A.T. Davis
 Grandmother and Grandfather



NATHANIEL DEKALB MCMINN
BORN APRIL 19, 1846
DIED FEB. 2, 1908
F/O ALICE (MCMINN) RIDDLE
H/O MARY LOUISE CUMMINGS ^{McMinn}



SAMUEL DUFF RIDDLE BORN MAR. 15, 1883
DIED MARCH 15, 1934
ALICE (MCMINN) RIDDLE BORN JULY 9, 1883
DIED APRIL 27, 1924
PARENTS OF BESSIE MAE RIDDLE DAVIS
WILSON DEKALB RIDDLE
JOHN WILEY RIDDLE
ARCHIBALD BRUCE RIDDLE.

Jurnessville Cemetery - Jurnessville, Ia. Cargill Co.

*Past Oak Cemetery
Caryell Co. Ia.*



JOHN CUMMINGS
BORN JULY 10, 1800
DIED JAN. 12, 1886
H/O ADALINE (BAILEY) CUMMINGS



ADALINE (BAILEY) CUMMINGS
BORN OCT. 12, 1812
DIED: JULY 31, 1898
D/O OF JAMES HENRY BAILEY
AND WIFE.
W/O JOHN CUMMINGS

In Memory of Mrs. Alice Riddle

On the morning of April 27th, 1924, the death angel visited the home of Mr. S. D. Riddle and took his darling little wife from his home.

Mrs. Alice Riddle was 40 years old. She is survived by her husband and four children. The survived ones are: Dee, Bessie, Wyl, and Archie. They are all at home to mourn her death. She was a member of the Cave Creek Baptist Church.

All was done that friends and loving hands could do.

We loved her though the death angel loved her more, and they have sweetly called her to yonder's shining shore.

One precious one from us is gone, our mother's voice is stilled.

A place made vacant in our home that can never be filled.

Sleep on Alice, and take thy rest.

God called thee home—he thought it best.

Weep not, dear loved ones, nor think Alice is dead, for she is only gone to the shining land above.

May the loved ones not think of their loss so much, as Heaven's gain, for she died here to bloom above in the arms of the Good Shepherd Who cares for his people.

Jesus said, "Come unto me all ye will give you rest."

That are weary and heavy laden, and I
By a Friend—Bertha Jones.

having spent most of his life at White Hall. He is survived by three sons and one daughter.

Funeral services were held at the White Hall Baptist Church at 2:30 Saturday afternoon with Rev. Elvin Skiles officiating assisted by Rev. C. A. Morton. Interment followed in the Tunnersville Cemetery.

The large concourse of friends which over filled the church was evidence of the esteem in which his acquaintances held him.

DUFF RIDDLE

Duff Riddle, age 50 years and 364 days, expired at the family home in the White Hall community Thursday morning of last week.

The deceased was born March 16, 1883 at Osage and has since lived in Osage and White Hall

CERTIFICATE NUMBER:	991
DATE FILED:	2-3-25
PLACE OF DEATH:	Desdemona
FULL NAME OF DECEASED:	James Huff
SEX:	M
RACE OR COLOR:	W
SINGLE/MARRIED/WIDOWED/DIVORCED:	M
FULL NAME OF FATHER:	Madison Huff
MAIDEN NAME OF MOTHER	Martin
DATE OF DEATH:	1-27-25
CAUSE OF DEATH:	Apoplexy
NAME OF PHYSICIAN/CORONER:	P. M. Kuykendall
ADDRESS:	Desdemona
PLACE OF BURIAL/NAME OF CEMETARY:	Gatesville
DATE OF BURIAL:	1-29-25
NAME OF UNDERTAKER:	R. V. Meador
ADDRESS:	Desdemona

THE STATE OF TEXAS I
COUNTY OF EASTLAND I

I, JOANN JOHNSON, Clerk of the County Court of Eastland County, Texas, do hereby certify that the above and foregoing is a true and correct copy of the death certificate of:

JAMES HUFF

as same appears of record in Volume 3, Page 35,
of the Death Records of Eastland County, Texas.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, in the city of Eastland,
Eastland County, Texas, this the 3rd day of July A.D. 1991.

JOANN JOHNSON, COUNTY CLERK

STATE OF TEXAS,

County of Maricopa

To all who shall see these Presents—Greeting:

KNOW YE, That any person legally authorized to celebrate the Rites of Matrimony, is hereby licensed to

join in marriage, as husband and wife, Mr. H. A. J. Davis and Mrs. Eva Keuff and for so doing this shall be his sufficient authority; and due return make in sixty days after solemnization.

IN TESTIMONY WHEREOF, I, as Clerk of Maricopa County, hereunto subscribe my name and affix the Seal of said Court, this the 24th day of Aug 1897

of Mo. Co. Austin County Clerk.

By A. L. Thompson Deputy.

STATE OF TEXAS,

To-Wit: Maricopa County, ss.

This certifies that I joined in marriage, as husband and wife, Mr. H. A. J. Davis and Mrs. Eva Keuff on the 24 day of August 1897 at W. B. Keuff and Mrs. W. B.

Filed Aug 25 1897 Recorded Sept 6 1897 Mo. Co. Austin County Clerk.

By A. L. Thompson Deputy.

Volume 3, p. 451
Marriage Records
of Wise Co., Texas

E. E. STRINGER FUNERAL HOME, INC.

P. O. BOX 38

KIRBYVILLE, TEXAS.



1. PLACE OF DEATH a. COUNTY <u>Jasper Hardin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Jasper</u> b. COUNTY <u>Hardin</u>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <u>Kirbyville, Texas</u>		c. CITY OR TOWN (If outside city limits, give precinct no.) <u>Kirbyville</u>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If rural, give location) <u></u>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) (a) First <u>Evel</u> (b) Middle <u></u> (c) Last <u>Davis</u>		4. DATE OF DEATH <u>2-3-1961</u> Hour <u>12:35</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 26, 1880</u>
9. AGE (If years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Jim Huff</u>		14. MOTHER'S MAIDEN NAME <u>(Arminda) Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u> (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>H.S. Davis</u>			

Church membership East of God - Rock Creek Int

Lodge membership

Date of funeral Incomplete, 2/6/61

Time of funeral 2 PM

Name of Doctor Dr. Copeland

Place of funeral Chapel

Minister's name and church Andy Radtke, Vidor

Ship to or burial Bear Cemetery

Husband or Wife

Father and Mother

Grand Parents

Sons William H. Lancingill

H.P. Ry - H.D. Henderson Jr

H.S. Vidor - Harold S. Austin

Daughters Mrs. L.A. Douglas, Sulphur

Brothers Jim Huff - Deadeamon Tex
Matt at Vernon

Sisters Mrs. Nora Wall - Deadeamon Tex
19. 8A. 31. 5B.C. - 34. 8B.C.

Pallbearers (6 or 8) Grandsons

Please consider this as your authority and instruction to prepare and care for the body of the above named deceased and supply the items selected as listed below, at the prices quoted opposite the respective items;

Services and Casket (No. <u>105</u>)	
Services	\$ <u>375-</u>
Vault or Box (No. <u></u>)	\$ <u></u>
Clothing (No. <u>318-</u>)	\$ <u>40-</u>
Flowers	\$ <u></u>
Hearse	\$ <u></u>
Cars \$ <u></u> each	\$ <u></u>
Newspaper Notices	\$ <u></u>
Cemetery	\$ <u></u>
Telephone & Telegraph	\$ <u>1.00</u>
Other <u>Ins</u>	\$ <u>365.00</u>
Total	\$ <u>365.00</u>

The undersigned hereby approves the above statement of the account for the preparation and care of the body of the deceased and guarantees and promises payment thereof.

Signed H.P. Davis
Address Kirbyville
Signed H.S. Davis
Address
Dated
Accepted by M.E. Skinner -
Funeral Director

1159

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Texas b. COUNTY Jasper			
b. CITY OR TOWN (If outside city limits, give precinct no.) Kirbyville				c. LENGTH OF STAY in 1 yr 1 YR			
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION At Residence				d. STREET ADDRESS (If rural, give location) PCT. 3, Jasper County			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				f. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) (a) First William (b) Middle Abner (c) Last Davis				4. DATE OF DEATH 11/6/1959			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/14/1878	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY farmer		11. BIRTHPLACE (State or foreign country) Arkansas	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME James M. Davis			
14. MOTHER'S MAIDEN NAME Lydia Blackwell				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) NO			
16. SOCIAL SECURITY NO. 457-01-6731				17. INFORMANT Harold S. Davis			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last, } DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH 1 hour 20 years							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>							
20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) _____							
20c. TIME OF INJURY Hour _____ Minute _____ Day _____ Year _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) D.O.A.							
20f. CITY, TOWN, OR LOCATION Precinct # 3 Jasper Texas							
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ and last saw the deceased alive on _____ 19____. Death occurred at 11:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John T. Moore M.D. (Degree or title)							
22b. ADDRESS Box 638 Kirbyville, Texas							
22c. DATE SIGNED 11-9-59							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial							
23b. DATE 11/8/1959							
23c. NAME OF CEMETERY OR CREMATORY Bean Cemetary							
24. FUNERAL DIRECTOR'S SIGNATURE E.E. Stringer M.E. Griner # 314							
25a. REGISTRAR'S FILE NO. 124							
25b. DATE REC'D BY LOCAL REGISTRAR 11/9/59							
25c. REGISTRAR'S SIGNATURE E.E. Person							

CERTIFICATE OF TRUE COPY OF PAPERS ON FILE

THE STATE OF TEXAS

County of **JASPER** }
 of the **COUNTY** Court of **JASPER** County, Texas, do hereby certify that
 the foregoing is a true and correct copy of the original **CERTIFICATE OF DEATH OF:**
William Abner Davis
 now on file in said Court.
 Given under my hand and seal of said Court, at office in **JASPER, TEXAS**
 this **8th** day **August** 19 **90**
EVELYN STOTT Clerk

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4686

STATE OF TEXAS

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY YOUNG		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE TEXAS b. COUNTY YOUNG	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) GRAHAM		c. CITY (If outside corporate limits, write RURAL and give precinct no.) GRAHAM	
d. FULL NAME OF HOSPITAL OR INSTITUTION JACKSBORO ROAD		d. STREET ADDRESS (If rural, give location) OLD JACKSBORO ROAD	
3. NAME OF DECEASED a. (First) (MRS) MARTHA b. (Middle) S c. (Last) WARD		4. DATE OF DEATH JULY 23 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH MAY 31 1874
9. AGE 80 YEARS 1 MONTHS 23 DAYS		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPER	
11. BIRTHPLACE (State or foreign country) TEXAS		12. MOTHER'S MAIDEN NAME UNKNOWN	
13. FATHER'S NAME JIM HUFF BIRTHPLACE UNKNOWN		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	
15. SOCIAL SECURITY NO. NONE		16. INFORMANT'S SIGNATURE Mrs. H. W. Winn	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis, senile DUE TO (c) Senile Keratosis of skin, multiple II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18a. DATE OF OPERATION 1-7-54		18b. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid colon (Liver metastases)	
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE (Specify)	
20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour)		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20f. HOW DID INJURY OCCUR?		21. I hereby certify that I attended the deceased from May 5, 1953 , to 7-23, 1954 , that I last saw the deceased alive on 7-23, 1954 , and that death occurred at 10 P. M. , from the causes and on the date stated above.	
22a. SIGNATURE R. E. L. Gowan M.D. (Degree or title)		22b. ADDRESS Graham, Texas	
22c. DATE SIGNED 8-3-54		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE JULY 25 1954		23c. NAME OF CEMETERY OR CREMATORY NEWCASTLE CEMETERY	
23d. LOCATION (City, town, or county) (State) NEWCASTLE TEXAS		24. FUNERAL DIRECTOR'S SIGNATURE MORRISON FUNERAL HOME BY [Signature]	
25a. REGISTRAR'S FILE NO. 819		25b. DATE REC'D BY LOCAL REGISTRAR 1954	
25c. REGISTRAR'S SIGNATURE Sam Orr			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

STATE OF TEXAS
County of **YOUNG**

I HEREBY CERTIFY that the above certificate is a true and accurate copy of the record of death of **Mrs. Martha S. Ward**, filed in my office, and is of record on

CERTIFICATE NO. **4686** of the records of Deaths of **Young** County, Texas.

Witness my hand and seal of office this **22nd** day of **April** 19 **91**

By **Sandra Kee** Deputy.
Shirley Choate
County Clerk Young

CERTIFICATION OF VITAL RECORD

TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

Lydia, wife of James Monroe Davis AKA "Jack"

PLACE OF DEATH _____ TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
County *Young* (No. *100000*)
City *Newcastle* (No. *34155*)
FULL NAME *Mrs. Lydian Davis* (a) RESIDENCE No. _____ St. _____
(If nonresident give city or town and State)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS
3 SEX *Female*
4 COLOR OR RACE *White*
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*
6 DATE OF BIRTH *Oct. 9th 1860*
(Month) (Day) (Year)
7 AGE _____ yrs. _____ mos. _____ ds.
If less than 2 years state if breast fed. If less than 1 day
Yes _____ No _____ hrs. _____ mins.
8 OCCUPATION *Farmer*
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)
9 BIRTHPLACE (State or country) *Ark.*
10 NAME OF FATHER *Joe Blackwell*
11 BIRTHPLACE OF FATHER (State or country) *Dont know*
12 MAIDEN NAME OF MOTHER *Jane Casey*
13 BIRTHPLACE OF MOTHER (State or country) *Dont know*
14 THE ABOVE IS TRUE
(Informant) *W. A. T. Davis*
(Address) *Newcastle Tex*
15 Filed *Sec. 7* 1923 *W. H. Kennedy* Registrar

MEDICAL PARTICULARS
16 DATE OF DEATH *11-18-1923*
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from *11-9*, 192, to *11-18*, 192, that I last saw *h.s.* alive on *11-16*, 192, and that death occurred, on the date stated above, at *119* m.
The CAUSE OF DEATH* was as follows:
Gastritis
(duration) _____ yrs. _____ mos. *7* ds.
Contributory (Secondary) _____
(duration) _____ yrs. _____ mos. *7* ds.
18 Where was disease contracted _____
if not at place of death? _____
Did an operation precede death? *No* Date of _____
Was there an autopsy? *No*
What test confirmed diagnosis? *None*
(Signed) *W. H. Kennedy* M. D.
11-18-1923 (Address) *Newcastle*
*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for State Statutes.)
19 PLACE OF BURIAL OR REMOVAL *New Castle Cemetery* DATE OF BURIAL *11/17/1923*
20 UNDERTAKER *W. H. Dover* ADDRESS *Newcastle Tex*

Form 51b-T130-821-100M

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

ISSUED

AUG 03 1990

Richard B. Davis



TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

VS-112 REV. 1/58

1. PLACE OF DEATH a. COUNTY Chambers		2. USUAL RESIDENCE (where deceased lived, if not usual residence, give present one) a. STATE Texas		b. CITY OR TOWN (if outside city limits, give precinct name) Jasper	
3. NAME OF DECEASED (Type or print) Anahuae		4. DATE OF DEATH YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> a. DATE OF DEATH May 13, 1954		b. CITY OR TOWN (if outside city limits, give precinct name) Kirbyville	
5. SEX Female		6. COLOR OR RACE White		7. AGE (in years, months, days) May 13, 1954	
8. USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired) Housewife		9. BIRTHPLACE (State or foreign country) Texas		10. CITIZEN OF WHAT COUNTRY? U. S. A.	
11. FATHER'S NAME Samuel D. Riddle		12. MOTHER'S MAIDEN NAME Ellen McVinn		13. INFORMANT H. P. Davis Husband	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		15. SOCIAL SECURITY NO. none		16. CAUSE OF DEATH (Enter only one cause per line 1a, 1b, and 1c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia	
17. CONDITIONS, if any, which gave rise to above cause (b), stating the underlying cause last. Due to (b) Broncho-pneumonia		18. DUE TO (c) Hypertensive Cardio-vascular Disease		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20c. CITY, TOWN, OR LOCATION Anahuac, Texas	
20d. TIME OF INJURY Hour <input type="checkbox"/> Minute <input type="checkbox"/> Second <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION Anahuac, Texas	
20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20h. CITY, TOWN, OR LOCATION Anahuac, Texas	
21. I hereby certify that I attended the deceased from Feb 11 to May 13 day, 19 54 , and last saw the deceased on May 13 day, 19 54 , at 3:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated on this certificate.		22. SIGNATURE J. J. J. J.		22a. ADDRESS Anahuac, Texas	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. NAME OF CEMETERY OR CREMATORY Constel Memorial Emb.		23c. DATE 5-20-54	
23d. LOCATION (City, town, or county) Kirbyville, Texas		23e. DATE REC'D BY LOCAL REGISTRAR 5-19-54		23f. REGISTRAR'S SIGNATURE CTP Redden JR	

1415

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Jasper			
b. CITY OR TOWN (If outside city limits, give precinct no.) Kirbyville				c. CITY OR TOWN (If outside city limits, give precinct no.) Kirbyville			
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Memorial Clinic				d. STREET ADDRESS (If rural, give location) Hwy 8.			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) (a) First Alice (b) Middle Evelyn (c) Last Williams				4. DATE OF DEATH July 2, 1961			
5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH Oct 28, 1929	
9. AGE (In years last birthday) 31		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Vernon, Texas	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME Howell P. Davis			
14. MOTHER'S MAIDEN NAME Bessie Mae Riddle				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ----- (If yes, give war or dates of service) -----			
16. SOCIAL SECURITY NO. Can't secure				17. INFORMANT J.M. Davis			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head injury Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Multiple fractures of extremities 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Automobile wreck 20c. TIME OF INJURY Hour 9.45 p.m. Month 7 Day 2 Year 61 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Highway 96 20f. CITY, TOWN, OR LOCATION Precinct 3 Jasper Texas 20g. COUNTY Jasper 20h. STATE Texas 20i. I hereby certify that I attended the deceased from 7/2 to 7/2 and last saw the deceased alive on 7/2 . Death occurred at 11.50P m. on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE John T Moore (Degree or title) M.D 22b. ADDRESS Drawer 580, Kirbyville, Texas 22c. DATE SIGNED 7/13/61							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE 7/13/61			
23c. LOCATION (City, town, or county) Kirbyville Texas				23d. NAME OF CEMETERY OR CREMATORY Bean Cemetery			
23e. FUNERAL DIRECTOR'S SIGNATURE E.E. Stringer Funeral Home Inc. ME Griner, #314				23f. REGISTRAR'S SIGNATURE Jasper Elveston			
25a. REGISTRAR'S FILE NO. 244				25b. DATE REC'D BY LOCAL REGISTRAR 7/13/1961			

CERTIFICATE OF TRUE COPY OF PAPERS ON FILE

THE STATE OF TEXAS

County of **JASPER** }
of the **COUNTY** Court of **JASPER** County, Texas, do hereby certify that
the foregoing is a true and correct copy of the original **CERTIFICATE OF DEATH OF:**
Alice Evelyn Williams

now on file in said Court.

Given under my hand and seal of said Court, at office in **JASPER, TEXAS**this **7th** day **April** 19 **94****EVELYN STOTT**

Clerk

PLACE OF BIRTH
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

VOL. 6B pg. 63

COUNTY OF Chambers

CITY OR
DISTRICT NO. Anahuac, Texas

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

FULL NAME OF CHILD Ella Wanell Davis

RESIDENCE { STREET AND NO. CITY Anahuac COUNTY Chambers STATE Texas

1. SEX Female 2. FOR PLURAL BIRTHS ONLY: 4. TWIN, TRIPLET, OTHER 5. NUMBER, IN ORDER OF BIRTH 6. LEGITIMATE? Yes 7. DATE OF BIRTH Feb 20th, 1936

8. FATHER Howell P. Davis 9. MOTHER Bessie May Riddle

10. SOCIAL SECURITY NUMBER None 11. SOCIAL SECURITY NUMBER None

12. POSTOFFICE ADDRESS Anahuac, Texas 13. POSTOFFICE ADDRESS Anahuac, Texas

14. COLOR OR RACE White 15. AGE AT TIME OF THIS BIRTH 32 (YEARS) 16. COLOR OR RACE White 17. AGE AT TIME OF THIS BIRTH 27 (YEARS)

18. BIRTHPLACE (STATE OR COUNTRY) Texas 19. BIRTHPLACE (STATE OR COUNTRY) Texas

20. 19A. TRADE, PROFESSION OR KIND OF WORK DONE Oil Field 21. 19A. TRADE, PROFESSION OR KIND OF WORK DONE Housewife

22. 19B. INDUSTRY OR BUSINESS IN WHICH ENGAGED 23. 19B. INDUSTRY OR BUSINESS IN WHICH ENGAGED

24. NUMBER OF CHILDREN BORN TO THIS MOTHER INCLUDING THIS BIRTH 5 25. NUMBER OF CHILDREN BORN TO THIS MOTHER AND NOW LIVING 5

26. SIGNATURE OF INFORMANT H.P. Davis 27. ADDRESS OF INFORMANT TEXAS

28. MEDICAL ATTENDANCE

29. I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD BORN ALIVE XXXX AT 5:15 AM, ON THE ABOVE DATE.

30. AND THE PROPHYLACTIC USED TO PREVENT OPHTHALMIA NEONATORUM WAS Yes

31. DATE 3-14 1936 SIGNATURE M.W. Harrison M. D. Anahuac TEXAS

32. FILE NUMBER 4/8 1936 SIGNATURE OF LOCAL REGISTRAR R.V. Jarnagin POSTOFFICE ADDRESS Anahuac TEXAS

AFFIDAVIT

STATE OF TEXAS

COUNTY OF Chambers

Before me on this day appeared H.P. Davis, known to me to be the person whose name is signed to the above certificate, who on oath deposes and says that the facts stated in the foregoing certificate are true and correct to the best of his knowledge and belief, and that this certificate is filed for the purpose of correcting the original record of the birth of Ella Novell Davis (Name appearing on original certificate)

Signature H.P. Davis

Sworn to and subscribed before me, this 31 day of August, 1942

County Clerk

XXXXXXXXXX

Notary Public

Chambers

1 PLACE OF BIRTH

STATE OF TEXAS

County of ChambersTEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

Register No. _____

City or Precinct No. Morroe City

No. _____ Street _____

If child is not yet named, make supplemental report, as directed

2 FULL NAME OF CHILD Raymond Eugene Davis3. Sex Male

4. If plural births _____

5. Number, in order of birth _____

6. Premature _____

Full term _____

7. Sex Male

Date of birth _____

(Month, day, year) _____

19 399. Full Name Howell P. Davis

FATHER

10. Residence (usual place of abode) Morroe City, Texas

(If nonresident, give place and State)

18. Full maiden name _____

MOTHER

19. Residence (usual place of abode) Morroe City, Texas

(If nonresident, give place and State)

20. Color or race White21. Age at last birthday 30 (years)22. Birthplace (city or place) Texas

(State or country)

23. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work _____

19 _____

27. Number of children of this mother _____

(At time of this birth and including this child) _____

28. If stillborn, period of gestation _____

(a) Born alive and now living 6 months _____

(b) Born alive but now dead _____

(c) Stillborn _____

Before labor _____

During labor _____

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A.M. on the date stated above.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return. A still-born child is one that neither breathes nor shows other evidence of life after birth.)

Give name added from a supplemental _____

Report _____

(23) Filed 11-12-39 REGISTRARWere prophylactic precautions taken at time of birth to prevent opthalmia neonatorum? Yes yes No _____Address Anahuas, Texas(Physician or Midwife) H. J. FehringSignature R. V. Jamison

Registrar