

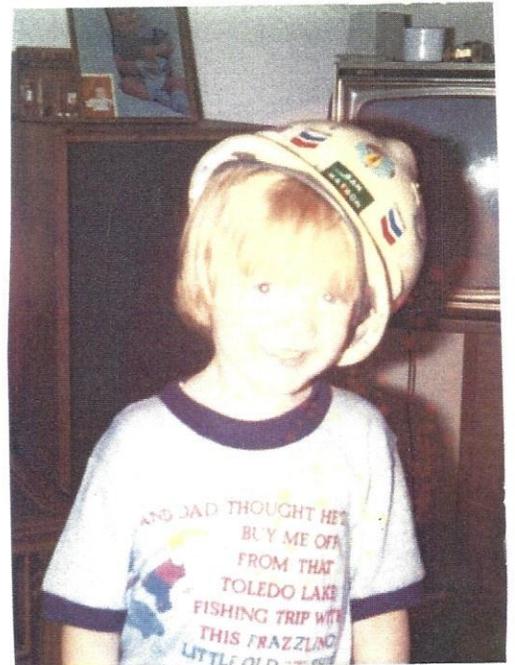
Mikeala Kirk, Charles
and Christopher Kirk



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

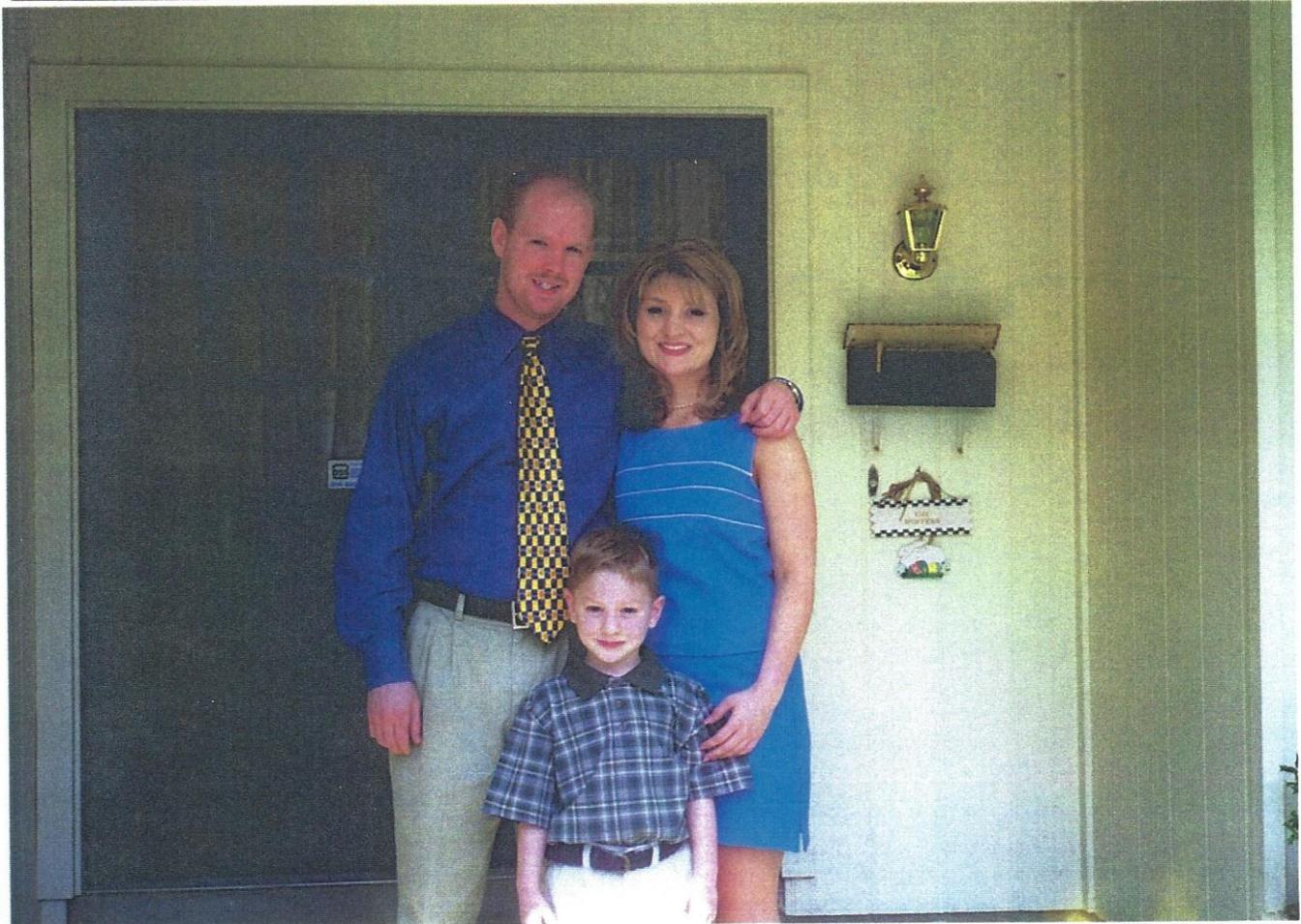


Bushnell

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



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

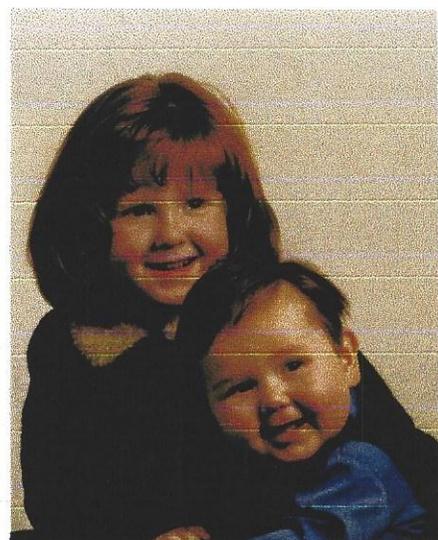


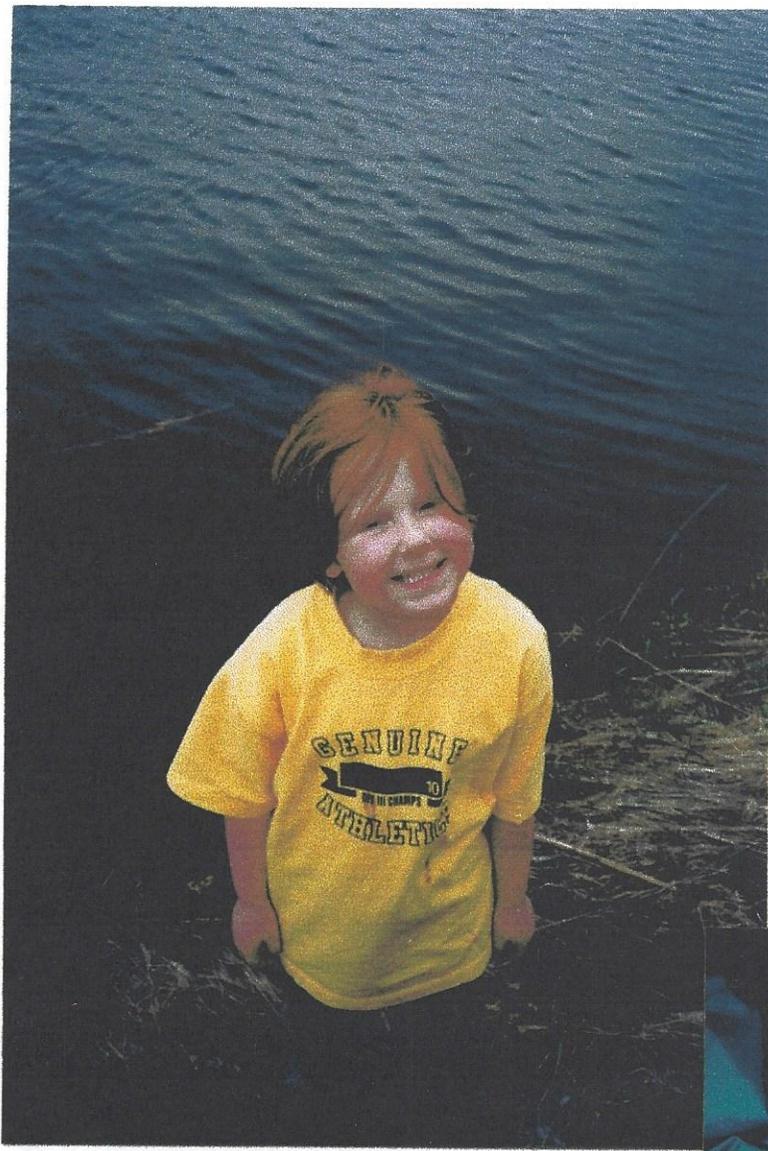
NATHAN, JENNIFER & CAMERON
S/O JOY (DAVIS) TRANT



Above: Jeremy Williams
to Patrick + Cindy Landrum
Williams

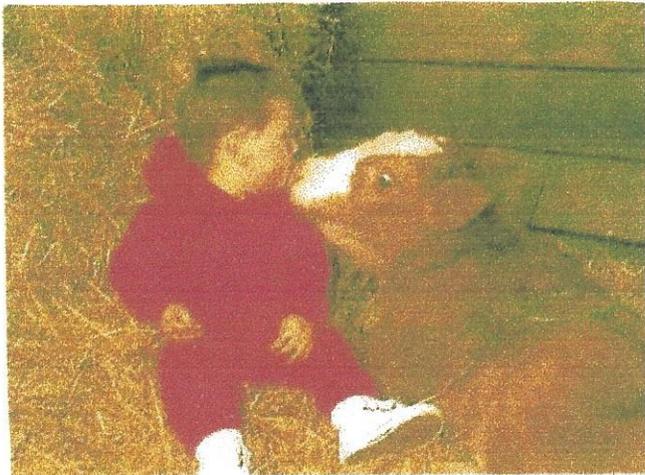
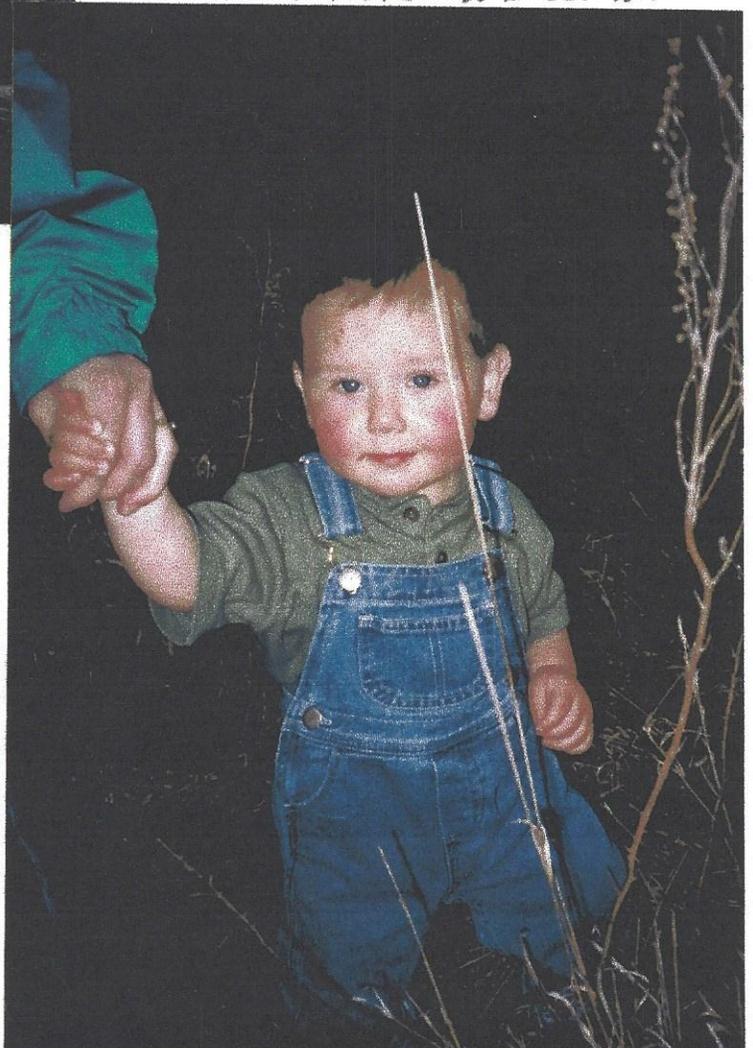
To Right - Ciera Jay Williams
+ Chase Williams. Children of
Patrick + Jeannine Williams



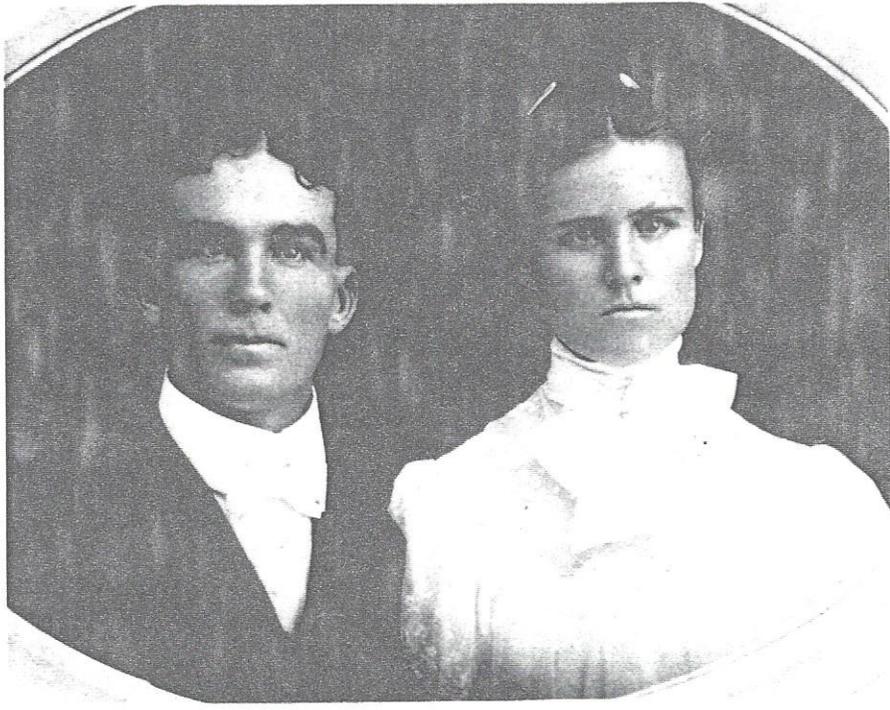


Ciera Williams
D/O Pat + Jeannine
Williams

Chase D/O Pat +
Jeannine Williams



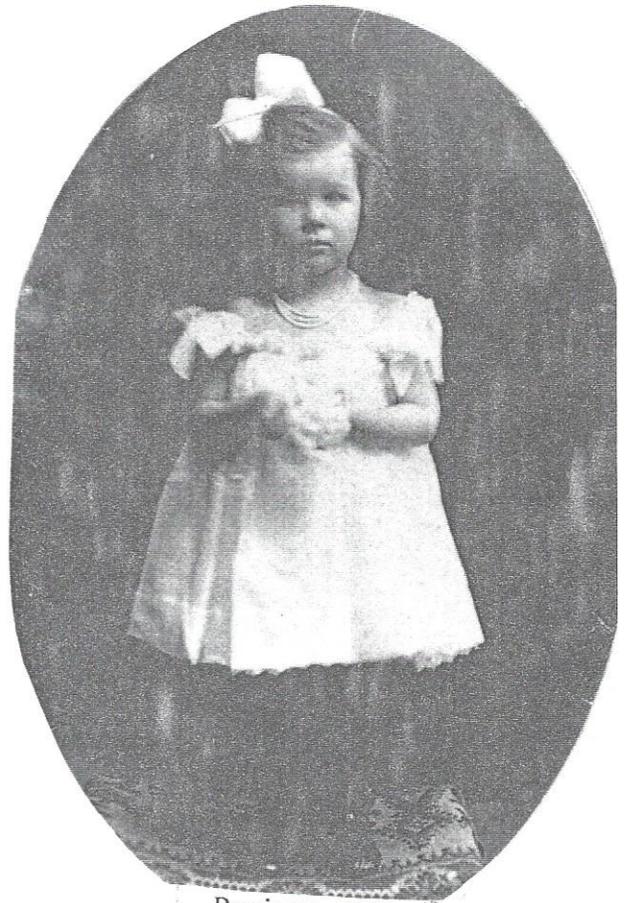
File: Chase and Calf-1.GIF



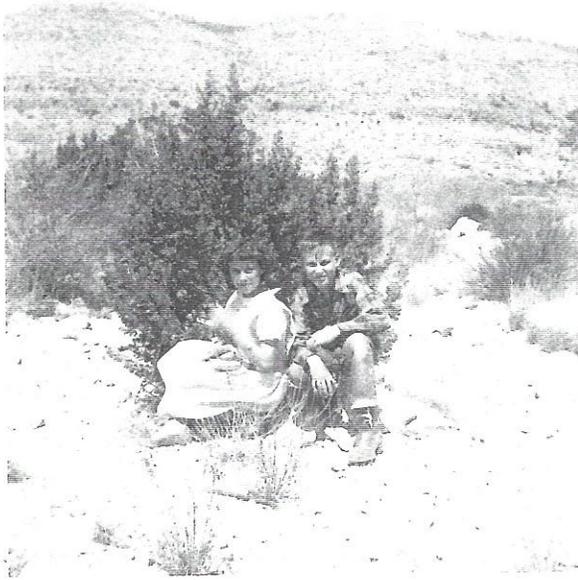
Samuel Duff Riddle and
Alice McMinn Riddle



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



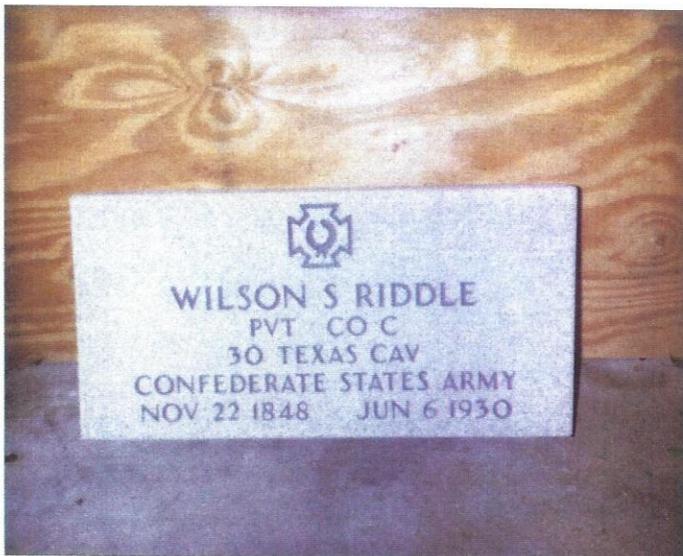
Kenneth Riddle and Rusty



Alma Sheppard Riddle
w/o Dee Riddle



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



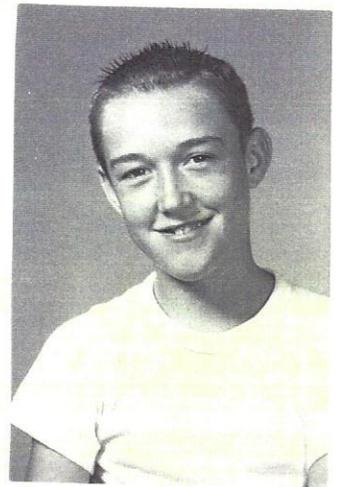

WILSON S RIDDLE
 PVT CO C
 30 TEXAS CAV
 CONFEDERATE STATES ARMY
 NOV 22 1848 JUN 6 1930



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.

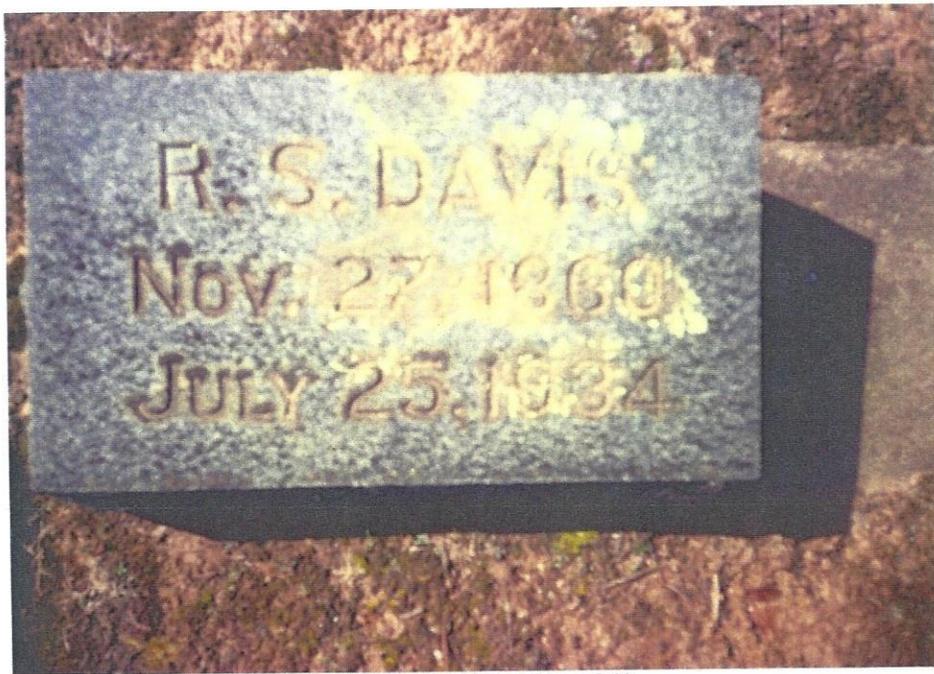
*Gerald Duff
Armstrong*



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



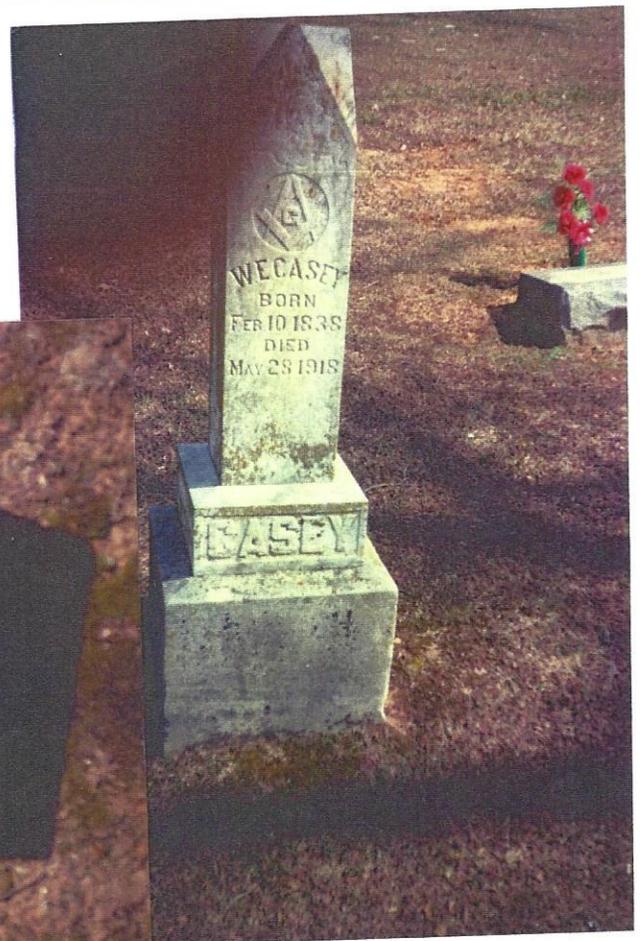
RAYMOND EUGENE DAVIS
S/O PATT AND BESSIE DAVIS
BORN APRIL 9, 1939
DIED: JAN. 3, 1958



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



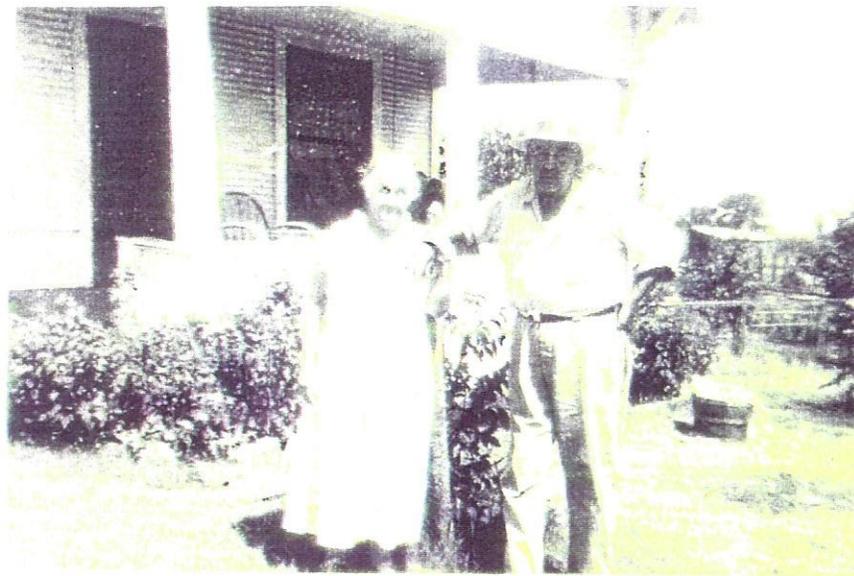
LOUISA CASEY
BORN: AUG. 11, 1816
DIED: DEC. 30, 1914



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.

Jumersville Cemetery - Jumersville, Ar. 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: Lee, 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.

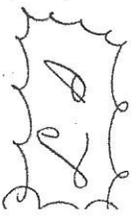
JOANN JOHNSON, COUNTY CLERK

STATE OF TEXAS,

County of Wise

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, John A. Huff and for so doing this shall be his and Mrs. Ora Huff sufficient authority; and due return make in sixty days after solemnization.

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



By A. Thompson Deputy. County Clerk.

STATE OF TEXAS,

To-Wit: Wise County, } ss.

This certifies that I joined in marriage, as husband and wife, Mr. W. A. J. Davis and Mrs. Ora Huff on the 24 day of August 1897.

Filed Aug 25 1897 Recorded Sept 6 1897

By A. Thompson Deputy. County Clerk.

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. CITY OR TOWN (If outside city limits, give precinct no.) Kirbyville	
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"/>		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 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		10a. 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) (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) } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	
19. INTERVAL BETWEEN ONSET AND DEATH 1 hour		20. 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 Month 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	
20g. COUNTY Jasper		20h. STATE 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 (Degree or title) John T. Moore M.D.	
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. 154		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.

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

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	
c. LENGTH OF STAY (in this place) 20 yrs		d. STREET ADDRESS (If rural, give location) OLD JACKSBORO ROAD	
d. FULL NAME OF HOSPITAL OR INSTITUTION JACKSBORO ROAD			
3. NAME OF DECEASED (Type or Print) 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 YEARS 80 MONTHS 1 DAYS 23		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. FATHER'S NAME JIM HUFF	
13. MOTHER'S MAIDEN NAME UNKNOWN		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
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, asthenia, 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 INTERVAL BETWEEN ONSET AND DEATH 1 year ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis, senile 10 years DUE TO (c) Senile Keratosis of skin, multiple 2 or 3 years 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 Adeno-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. Gowen M.D.		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. 8/9		25b. DATE REC'D BY LOCAL REGISTRAR 1954	
25c. REGISTRAR'S SIGNATURE Dan Orr			

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**

SHIRLEY CHOATE
Deputy. County Clerk Young

By **Sandra Kee** Deputy.

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 Reg. Dia. No. 412 **B.O.V.S.**
 County Young **STANDARD CERTIFICATE OF DEATH** Registered No. 40 **FORM D**
 City Newcastle (No. 100000) St. 34150 Ward
FULL NAME Mrs. Lydianant 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

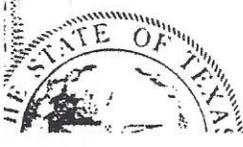
3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
6 DATE OF BIRTH: Oct. 9th 1860
 (Month) (Day) (Year)
7 AGE: _____ yrs. _____ mos. _____ ds.
 If less than 2 years state if breast fed. If less than 1 day
 Yes. No. _____ hrs. _____ mins.
8 OCCUPATION: Farmer
 (a) Trade, profession or particular kind of work
 (b) General nature of industry, business or establishment in which employed (or employer)
9 BIRTHPLACE: Ark.
 (State or country)
10 NAME OF FATHER: Joe Blackwell
11 BIRTHPLACE OF FATHER: Don't know
 (State or country)
12 MAIDEN NAME OF MOTHER: Jane Casey
13 BIRTHPLACE OF MOTHER: Don't know
 (State or country)
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: 11-14 1923
 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from 11-9, 1923, to 11-14, 1923,
 that I last saw hs alive on 11-16, 1923,
 and that death occurred, on the date stated above, at 11 p.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.
11-16, 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



1. PLACE OF DEATH
 a. COUNTY **Chambers**
 b. CITY OR TOWN (If outside city limits, give precinct no.) **Chambers**

2. USUAL RESIDENCE (If deceased lived in institution, residence before admission)
 a. STATE **Texas**
 b. CITY OR TOWN (If outside city limits, give precinct no.) **Kirbyville**

3. NAME OF DECEASED (Type or print)
Basile Mac Davis

4. DATE OF DEATH
 (a) First **April 12, 1908**
 (b) Middle **May 13, 1954**
 (c) Last **1954**

5. SEX **Female**
 6. COLOR OR RACE **White**

7. MARRIAGE STATUS
 (a) Married Never Married
 (b) Widowed Divorced

8. DATE OF BIRTH
April 12, 1908

9. AGE (In years, last birthday)
46

10. USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired)
Housewife

11. BIRTHPLACE (State or foreign country)
Texas

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME **Samuel L. Riddle**

14. MOTHER'S MAIDEN NAME **Ellor McMin**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO. **none**

17. INFORMANT **H. P. Davis Husband**

18. CAUSE OF DEATH (Enter only one cause per line 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Uremia**
 DUE TO (b) **Arauccho-pneumonia**
 DUE TO (c) **Hypertensive Cardio-vascular Disease**

19. WAS AUTOPSY PERFORMED?
 YES NO

20. ACCIDENT SUICIDE HOMICIDE MURDER
 20a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)
 20b. TIME OF INJURY (Hour, Minute, Second)
 20c. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21. I hereby certify that I attended the deceased from **Feb 11** to **13** day of **May** 19**54** at **3:11** p.m. on the date stated above, and to the best of my knowledge, from the causes stated above.
 21a. SIGNATURE **[Signature]**
 21b. ADDRESS **Anahuac, Texas**

22. DATE SIGNED **5-20-64**

23. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
 23a. NAME OF CEMETERY OR CREMATORY **Constal Memorial Emb.**

23b. LOCATION (City, town, or county) **Kirbyville, Texas**

23c. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

23d. REGISTRAR'S FILE NO. **14**

24. FUNERAL SIGNATURE **[Signature]**

25. REGISTRAR'S SIGNATURE **[Signature]**

25a. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25b. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25c. REGISTRAR'S SIGNATURE **[Signature]**

25d. REGISTRAR'S FILE NO. **14**

25e. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25f. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25g. REGISTRAR'S SIGNATURE **[Signature]**

25h. REGISTRAR'S FILE NO. **14**

25i. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25j. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25k. REGISTRAR'S SIGNATURE **[Signature]**

25l. REGISTRAR'S FILE NO. **14**

25m. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25n. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25o. REGISTRAR'S SIGNATURE **[Signature]**

25p. REGISTRAR'S FILE NO. **14**

25q. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25r. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25s. REGISTRAR'S SIGNATURE **[Signature]**

25t. REGISTRAR'S FILE NO. **14**

25u. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25v. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25w. REGISTRAR'S SIGNATURE **[Signature]**

25x. REGISTRAR'S FILE NO. **14**

25y. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25z. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25aa. REGISTRAR'S SIGNATURE **[Signature]**

25ab. REGISTRAR'S FILE NO. **14**

25ac. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25ad. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25ae. REGISTRAR'S SIGNATURE **[Signature]**

25af. REGISTRAR'S FILE NO. **14**

25ag. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25ah. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25ai. REGISTRAR'S SIGNATURE **[Signature]**

25aj. REGISTRAR'S FILE NO. **14**

25ak. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25al. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25am. REGISTRAR'S SIGNATURE **[Signature]**

25an. REGISTRAR'S FILE NO. **14**

25ao. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25ap. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25aq. REGISTRAR'S SIGNATURE **[Signature]**

25ar. REGISTRAR'S FILE NO. **14**

25as. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25at. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25au. REGISTRAR'S SIGNATURE **[Signature]**

25av. REGISTRAR'S FILE NO. **14**

25aw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25ax. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25ay. REGISTRAR'S SIGNATURE **[Signature]**

25az. REGISTRAR'S FILE NO. **14**

25ba. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bb. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bc. REGISTRAR'S SIGNATURE **[Signature]**

25bd. REGISTRAR'S FILE NO. **14**

25be. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bf. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bg. REGISTRAR'S SIGNATURE **[Signature]**

25bh. REGISTRAR'S FILE NO. **14**

25bi. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bj. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bk. REGISTRAR'S SIGNATURE **[Signature]**

25bl. REGISTRAR'S FILE NO. **14**

25bm. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bn. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bo. REGISTRAR'S SIGNATURE **[Signature]**

25bp. REGISTRAR'S FILE NO. **14**

25bq. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25br. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bs. REGISTRAR'S SIGNATURE **[Signature]**

25bt. REGISTRAR'S FILE NO. **14**

25bu. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR **5-19-64**

25bu. REGISTRAR'S SIGNATURE **[Signature]**

25bv. REGISTRAR'S FILE NO. **14**

25bw. NAME OF CEMETERY OR CREMATORY **Anahuac, Texas**

25bv. DATE REC'D BY LOCAL REGISTRAR

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. CITY OR TOWN (If outside city limits, give precinct no.) Kirbyville	
c. LENGTH OF STAY in 16 yrs.		d. STREET ADDRESS (If rural, give location) Hwy 8.	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Memorial Clinic		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		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Minutes _____
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) Can't secure	
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) _____			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs.
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			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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"/> Highway 96		
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	
21. I hereby certify that I attended the deceased from 7/2 1961 to 7/2 1961 and last saw the deceased alive on 7/2 1961 . 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 7/14/61		23c. NAME OF CEMETERY OR CREMATORY Bean Cemetery	
23d. LOCATION (City, town, or county) Kirbyville Texas		24. FUNERAL DIRECTOR'S SIGNATURE EE Stringer Funeral Home Inc. ME Griner, #314	
25a. REGISTRAR'S FILE NO. 244		25b. DATE REC'D BY LOCAL REGISTRAR 7/13/1961	
25c. REGISTRAR'S SIGNATURE <i>Jasper Elveston</i>			

VS-112, REV. 1/58

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 TOWNSHIP OR PRECINCT 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

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

FATHER <u>Howell P. Davis</u>		MOTHER <u>Bessie May Riddle</u>	
SOCIAL SECURITY NUMBER <u>None</u>		SOCIAL SECURITY NUMBER <u>None</u>	
POSTOFFICE ADDRESS <u>Anahuac, Texas</u>		15. POSTOFFICE ADDRESS <u>Anahuac, Texas</u>	
10. COLOR OR RACE <u>White</u>	11. AGE AT TIME OF THIS BIRTH <u>32</u> (YEARS)	16. COLOR OR RACE <u>White</u>	17. AGE AT TIME OF THIS BIRTH <u>27</u> (YEARS)
12. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>		18. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>	
13A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Oil Field</u>		19A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Housewife</u>	
13B. INDUSTRY OR BUSINESS IN WHICH ENGAGED		19B. INDUSTRY OR BUSINESS IN WHICH ENGAGED	
20. NUMBER OF CHILDREN BORN TO THIS MOTHER INCLUDING THIS BIRTH <u>5</u>		21. NUMBER OF CHILDREN BORN TO THIS MOTHER AND NOW LIVING <u>5</u>	
SIGNATURE OF INFORMANT <u>H.P. Davis</u>		ADDRESS OF INFORMANT <u>TEXAS</u>	

2. MEDICAL ATTENDANCE

I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD ~~NOT BORN~~ BORN ALIVE AT 5:15 AM, ON THE ABOVE DATE.

AND THE PROPHYLACTIC USED TO PREVENT OPHTHALMIA NEONATORUM WAS Yes

DATE 3-14 1946 SIGNATURE M.W. Harrison M. D. Anahuac TEXAS

FILE NUMBER 4/8 FILE DATE 36 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, 1946

County Clerk

Notary Public Chambers

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

Register No. _____

1 PLACE OF BIRTH _____

STATE OF TEXAS

County of Chambers

City or Precinct No. Morroe City If in an institution, give name of institution instead of Street and No. _____ Street No. _____

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

8. Date of birth _____ 19 39

(Month, day, year)

7. Legitimacy _____

Male _____

6. Premature _____

Full term _____

2 FULL NAME OF CHILD Raymond Eugene Davis

3. Sex Male

4. 1. vin, triplet, or other _____

5. Number, in order of birth _____

FATHER

9. Full Name Howell P. Davis

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

(If nonresident, give place and State)

11. Color or race White

12. Age at last birthday 36 (years)

MOTHER

18. Full maiden name Bessie Riddle

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

(If nonresident, give place and State)

20. Color or race White

21. 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 housekeeper, typist, nurse, clerk, 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 _____

OCCUPATION

27. Number of children of this mother (At time of this birth and including this child) 6

28. If stillborn, period of gestation _____ months _____ or weeks _____

29. Cause of stillbirth _____

(a) Born alive and now living 6

(b) Born alive but now dead _____

(c) Stillborn _____

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.

(Signature) A. J. H. Fehring

(Physician or Midwife)

Address Andrews, Texas

Give name added from a supplemental

Report _____ 19 _____

(23) Filed 11-12- 19 39 REGISTRAR

R. V. Jamigan
 Registrar

Were prophylactic precautions taken at time of birth to prevent ophthalmia neonatorum? Yes yes No _____