

# STATE OF TEXAS

## CERTIFICATION OF VITAL RECORD

### TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

MARGIN RESERVED FOR BINDING

WATER PLAINLY WITH UPWARDING LINE—THIS IS A PERMANENT RECORD. ANY CHANGES SHOULD BE MADE IN THE ORIGINAL RECORD. ANY CHANGES SHOULD BE MADE IN THE ORIGINAL RECORD. ANY CHANGES SHOULD BE MADE IN THE ORIGINAL RECORD.

PLACE OF DEATH			Texas State Board of Health	
County <u>El Paso</u>			3075	
City <u>El Paso</u>			STANDARD CERTIFICATE OF DEATH	
(If death occurred in a hospital or institution, give its NAME, building or street and number.)			Register No. <u>780</u>	
FULL NAME <u>Maurice Rosenberg</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS	
SEX <u>male</u>	COLOR OR RACE <u>white</u>	RELIGION <u>Hebrew</u>	DATE OF DEATH <u>Feb 18 1925</u>	
DATE OF BIRTH <u>1879</u>		I HEREBY CERTIFY, that I attended deceased from <u>191</u> to <u>191</u>		
AGE <u>36</u> yrs. mos. da.		and that death occurred on the date above at <u>El Paso</u>		
OCCUPATION <u>Merchant</u>		The CAUSE OF DEATH* was as follows: <u>Gun Shot wound - Murder</u>		
BIRTHPLACE (State or country) <u>New York City, N.Y.</u>		(Duration) yrs. mos. da.		
NAME OF FATHER <u>Robert Rosenberg</u>		Contemporary (Secondary)		
BIRTHPLACE OF FATHER (State or country) <u>Russia</u>		(Duration) yrs. mos. da.		
MOTHER'S NAME <u>Sarah Sachs</u>		(Signed) <u>Dr. J. M. Murphy</u> M. D.		
BIRTHPLACE OF MOTHER (State or country) <u>Russia</u>		*State the Disease Causing Death, or, in death, the immediate cause, and (1) Means of Injury, and (2) whether Accidental, Suicide, or Homicide.		
FIRE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Dr. J. M. Murphy</u>		PLACE OF RESIDENCE (For Hospital, Institution, or elsewhere) <u>El Paso, Texas</u>		
(Address) <u>4000 Montana</u>		PLACE OF BIRTH OR REMOVAL DATE OF BIRTH <u>Feb 26 1925</u>		
Filed <u>1925</u>		SUNDRETTAKER <u>El Paso Undertaking Co.</u> ADDRESS <u>608 TEXAS ST.</u>		

E. L. SORCE, PRINTING AND BOOKBINDING, AUSTIN

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ISSUED AUG 15 2009

Debra F. Owens  
DEBRA F. OWENS  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE