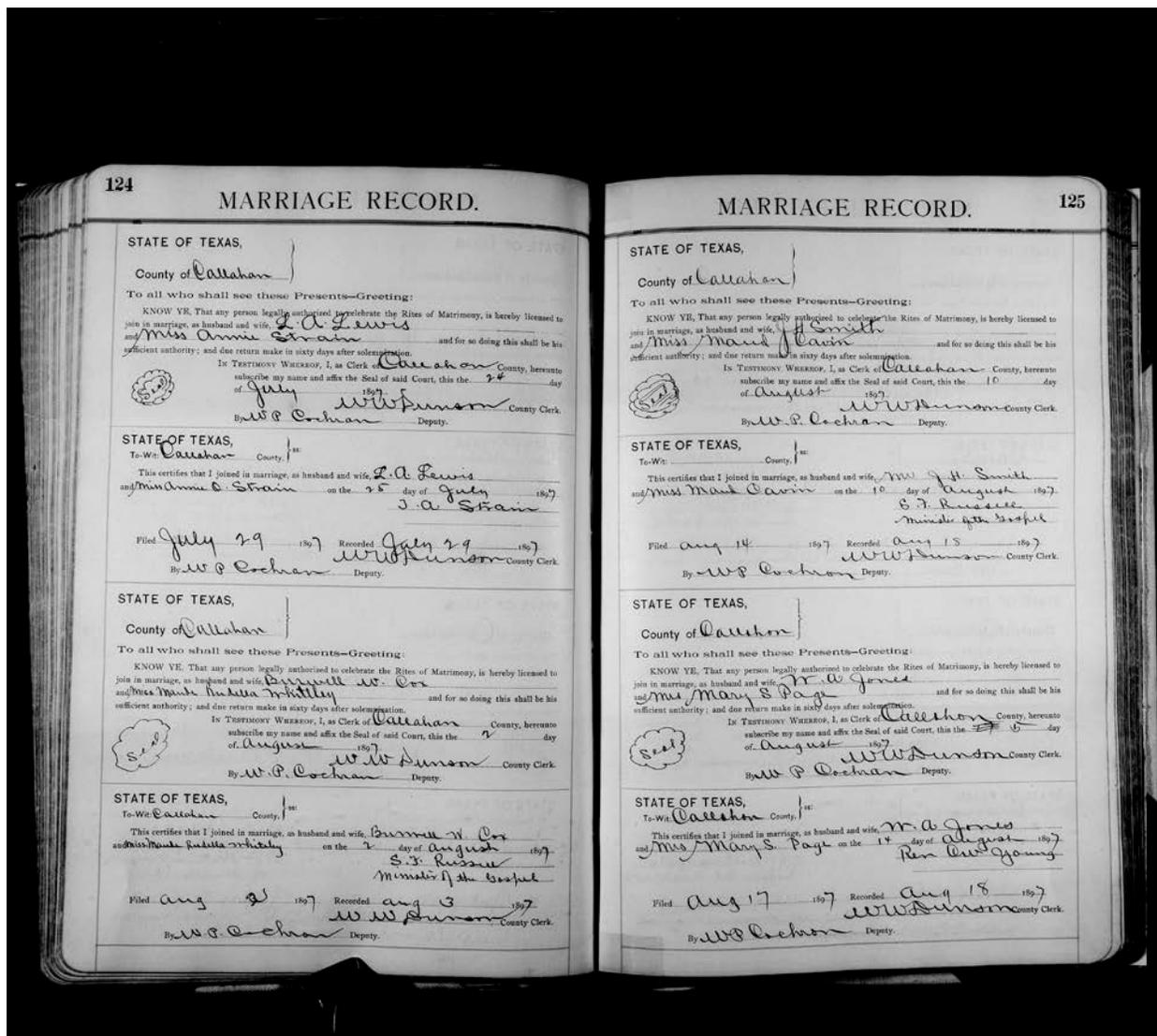


See [Thomas Allen](#) for Annie's childhood.

Annie married L. A. Lewis July 25, 1897. Her father, Thomas, performed the ceremony. They got their license the day before.



Annie and L. A. never show up in a census that I can find. The census after their marriage is 1900.

Troy Allen Strain is Annie's first child. He was born 10 months after Annie's marriage to L. A. I have not found a birth certificate. The only information available is his draft registration and his death certificate.

January 1917, Van, Earnest, and Ethel are enrolled in school in Agra, Lincoln County Oklahoma. E. M. Chick is listed as parent, too.

In 1920 Edna Chick, 27, is married to William Adkins, 45, in Cushing, Oklahoma. They have two daughters, Hazel 2 3/12 and Edith 6/12. The census is taken January 12 & 13. William is a pipefitter at one of the refineries.

Annie and E M Chick are in Cimarron, Payne County, Oklahoma in 1920, from the census in January.

Annie married Harry Ruth, a farmer, sometime in October 1920. Premised on the October 5 1920 marriage license.

Annie's children school enrollment in Pawnee Oklahoma along with Arthur Ruth in January 1922.

The image shows two school enrollment forms. The left form is for Harry Ruth, with the following details:

- Name of Parent (or Guardian): Harry Ruth
- Post Office: Avery Ok
- Name of Township or Street: [blank]
- Section or Street No.: [blank]
- Name of Tribe: [blank]
- Name of Child: Arthur Ruth
- Color: [blank]
- Sex: [blank]
- Date of Birth: [blank]
- Age: [blank]

The right form is for three children of Harry Ruth:

NAME OF CHILD	COLOR	SEX	DATE OF BIRTH			AGE	If Dead, Dumb, Blind or Feeble (Write Above)
			Month	Day	Year		
Ethel Ruth	[blank]	[blank]	19	19	18	13	[blank]
Carl Ruth	[blank]	[blank]	10	15	19	13	[blank]
Arthur Ruth	[blank]	[blank]	11	26	19	13	[blank]

Both forms include a declaration of truth and a signature of the parent/guardian.

Alice, Annie's daughter, married George Jageler December 28, 1918 in Cushing Oklahoma. Annie Strain Chick, her mother, attested to her age. George was a laborer in a local refinery. They lived in Union, Oklahoma in 1920. George Jr. was born November, 1919. George Jr. was enrolled in school in Cushing in 1933 - 1936. He appears to be living with Alice's husband's sister Emma Jageler Grotheer and husband since 1933.

The image shows a school enrollment form for George Jageler Jr. with the following details:

- Name of Parent (or Guardian): Theo. Grotheer
- Post Office: Cushing Okla
- Name of Township or Street: Pawnee
- Section or Street No.: [blank]
- Name of Tribe: [blank]
- Name of Child: George Jageler Jr.
- Color: W
- Sex: M
- Date of Birth: Aug 8 1922
- Age: 14

The form includes a declaration of truth and a signature of the parent/guardian. To the right of the form is a stamp that reads "PLEASE NOTE: Document(s) Intentionally Repeated" and a label that reads "Faded Document(s)".

Alice died October 20, 1976 in Andrews, New Mexico. Her name is Baker. Her usual place of residence is Eunice New Mexico. She is a widow.

STATE OF TEXAS *002-01-2 32,713,100* CERTIFICATE OF DEATH *4109* STATE FILE NO. **80651**

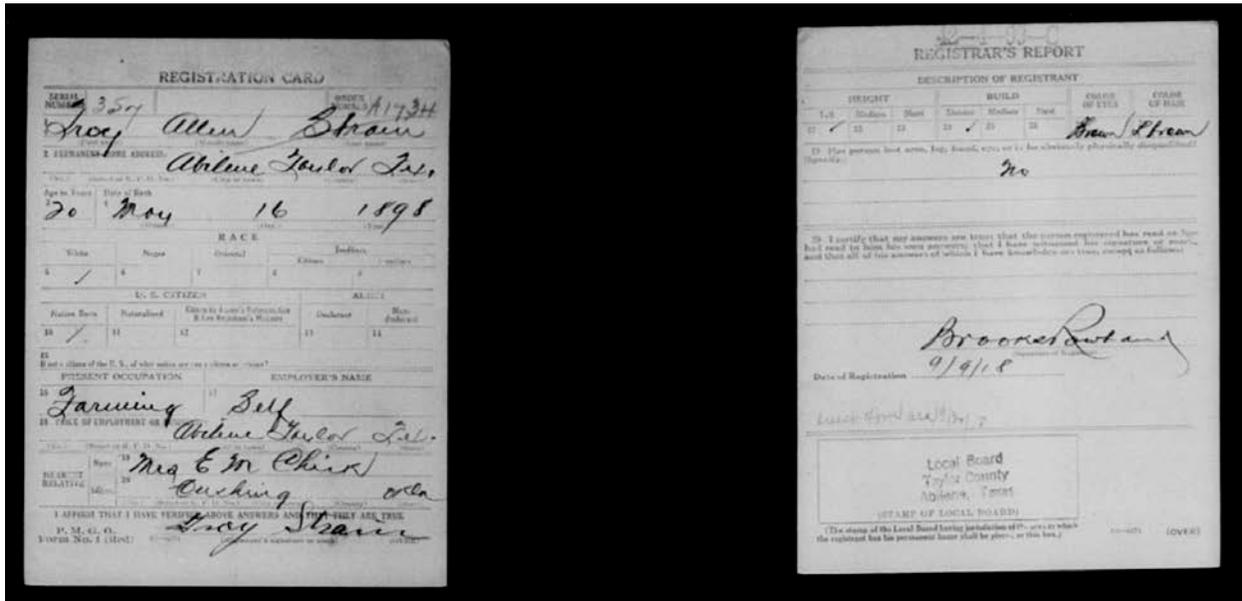
1. PLACE OF DEATH a. COUNTY Andrews		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE New Mexico b. COUNTY Lea	
b. CITY OR TOWN (If outside city limits, give precinct no.) Andrews		c. LENGTH OF STAY in 1 b. 1 DAY	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Permian General Hospital		d. STREET ADDRESS (If rural, give location) 1406 Ave. G.	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Alice		4. DATE OF DEATH October 20, 1976	
5. SEX Female		6. COLOR OR RACE White	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widow <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH June 23, 1901	
9. AGE (In years, last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	
10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Texas	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Jim Walker	
14. MOTHER'S MAIDEN NAME Annie Strain		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. 458-05-8712		17. INFORMANT Darrel Werley	
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 DUE TO (b) Arteriosclerotic heart disease CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (c) 10 yrs PART II. OTHER SIGNIFICANT CONDITIONS NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 10 yrs			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> TEXAS DEPARTMENT OF HEALTH RESOURCES REC'D NOV 30 1976 BUREAU OF VITAL STATISTICS </div>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20. INJURY OCCURRED 20a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) 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) 20d. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I hereby certify that I attended the deceased from Oct 19 to Oct 20 19 76 and last saw the deceased alive on Oct 20 19 76 . Death occurred at 5:20A m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Dr. E. Burroughs</i>		22b. ADDRESS Box-1987-Andrews, TX 10-2676	
22c. DATE SIGNED Oct 20, 1976		23. NAME OF CEMETERY OR CREMATORY Eunice Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 20, 1976	
23c. LOCATION (City, town, or county) Eunice		24. FUNERAL DIRECTOR'S SIGNATURE <i>Singleton Funeral Home #4934</i>	
25a. REGISTRAR'S FILE NO. 84		25b. DATE REC'D BY LOCAL REGISTRAR 11-1-76	
25c. REGISTRAR'S SIGNATURE <i>Geraldine Banks</i>			

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Dr. Burroughs

VS-112, REV. 1/58

Troy Allen died December 10, 1926 in San Angelo. He was being treated there since July 1 for tuberculosis. He is buried in Tom Green Cemetery but probably as an indigent without a tombstone. His uncle James Eugene provided information for the death certificate. Troy was a farmer, unmarried. He was probably living in Anson or Putnam. Troy never shows up in any information with his mother. So, maybe he was raised by his grandfather, his aunt Maggie, or one of his grandfather's sisters.



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

1 PLACE OF DEATH
County *Tom Green* City *San Angelo* (No. *Southwest San* St., Ward) *41003*

2 FULL NAME *Troy Allen Strain* 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.

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *single*

6 DATE OF BIRTH *May 16 - 1898*
(Month) (Day) (Year)

7 AGE *38* yrs. mos. ds.
If less than 2 years state if breast fed If less than 1 day
Yes No hrs. mins.

8 OCCUPATION (a) Trade, profession or particular kind of work *Farmer*
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Texas*

PARENTS

10 NAME OF FATHER *Tom Allen Strain*

11 BIRTHPLACE OF FATHER (State or country) *Alabama*

12 MAIDEN NAME OF MOTHER *Annie Strain*

13 BIRTHPLACE OF MOTHER (State or country) *Alabama*

14 THE ABOVE IS TRUE (Informant) *J. E. Strain*
(Address) *Outram, Texas*

15 Filled *Jan 15th 1927* *Jas. B. Houston*
By 1927

16 DATE OF DEATH *Dec 10th 1926*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *7-1*, 1926, to *12-10*, 1926, that I last saw him alive on *12-10*, 1926, and that death occurred on the date stated above, at *8:30 a.m.*

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(duration) *4* yrs. mos. ds.

Contributory (Secondary)

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *T. H. Shallop* M. D.
12/14, 1926 (Address) *San Angelo*

*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.

19 PLACE OF BURIAL OR REMOVAL *Fairmount* DATE OF BURIAL *Dec. 11-1926*

20 UNDERTAKER *Johnson's Funeral Parlor* ADDRESS *San Angelo Tex.*

Form 516 (Rev. 1-20-06)

WRITE PLAINLY WITH READING INK—THIS IS A PERMANENT RECORD

Where stillborn is given as cause of death, file Birth Certificate. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

In 1930 Annie, 50, is married to Harry Ruth, 63 living in Pawnee, Oklahoma. Annie and Harry are still in Pawnee in 1940. Annie died in Comanche, Texas January 8, 1968. She was living in Rising Star, Texas at the time of her death. She is listed as a widow. She is buried in Pioneer cemetery, Rising Star. Her daughter, Alice Baker, signed her death certificate.

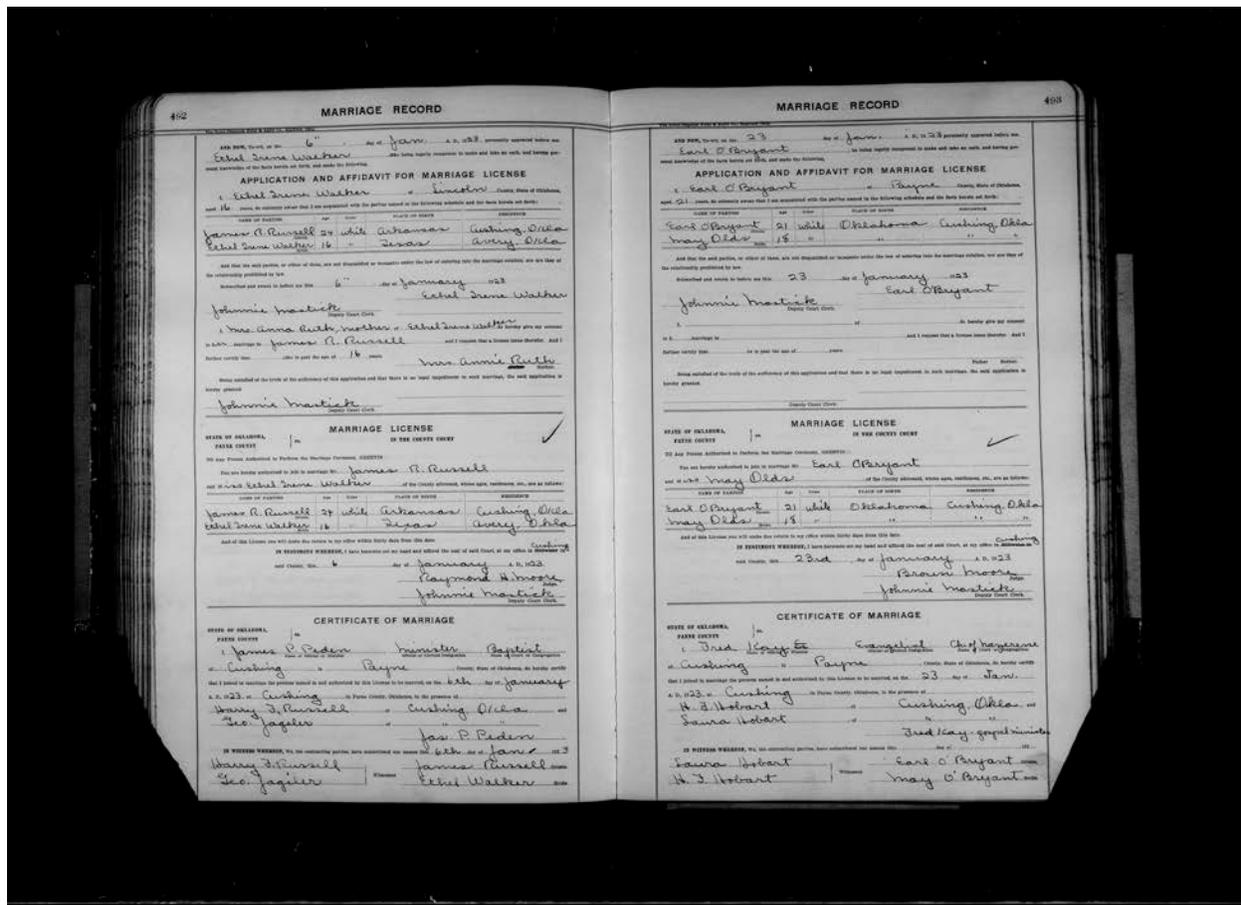
STATE OF TEXAS ⁴⁵⁰⁰ ⁵¹ **CERTIFICATE OF DEATH** STATE FILE NO. **01404**

047-01-2 067-00

1. PLACE OF DEATH a. COUNTY Comanche		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Texas b. COUNTY Eastland	
b. CITY OR TOWN (If outside city limits, give precinct no.) Comanche, Texas		c. CITY OR TOWN (If outside city limits, give precinct no.) Rising Star, Texas	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Blackwood Hospital		d. STREET ADDRESS (If rural, give location) North Main St.	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) [a] First Annie [b] Middle Ophelia [c] Last Ruth		4. DATE OF DEATH January 8, 1968	
5. SEX Female 6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH April 25, 1879		9. AGE (In years last birthday) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	
11. BIRTHPLACE (State or foreign country) Hershell, Alabama		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME T.A. Strain		14. MOTHER'S MAIDEN NAME Betty Roundtree	
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. 454-86-8214	
17. INFORMANT Mrs. Alice Baker			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis 10 MIN DUE TO (b) Decompensated Cor Pulmonale 3 Day DUE TO (c) Arteriosclerosis 7			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
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.) TEXAS DEPARTMENT OF HEALTH REC'D FEB 2 1968 BUREAU OF VITAL STATISTICS			
20c. TIME OF INJURY Hour Month Day Year			
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.)			
20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I hereby certify that I attended the deceased from 1968 to 68 and last saw the deceased alive on 68 Death occurred at 12:20 A. m. on the date stated above, and to the best of my knowledge, from the causes stated			
22a. SIGNATURE W. Blackwood		22b. ADDRESS Comanche TX	
22c. DATE SIGNED 1-12-68			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE January 10, 1968	
23c. NAME OF CEMETERY OR CREMATORY Pioneer Cemetery			
23d. LOCATION (City, town, or county) (State) Pioneer, Texas Higginbotham Funeral Home		24. FUNERAL DIRECTOR'S SIGNATURE Roy Holly 5143#	
25a. REGISTRAR'S FILE NO. 6		25b. DATE REC'D BY LOC REGISTRAR January 15, 1968	
25c. REGISTRAR'S SIGNATURE Ottis B. Fields, J. P.			

Earnest Walker, born December 18, 1904 is Annie's son with Felton. He was born in Texas, maybe Amarillo. He was still at home in January, 1922 attending school.

Annie's youngest daughter, Emily Irene, was born April 19, 1908 in Amarillo. Felton Walker is her father. She married James Russell January 6, 1923. Annie attested that she was over 16. But she was almost 4 months shy of 15! They had at least one child, Robert.



She married Charles M Hoffman, 60, in 1970 in Ft. Bend County when she was 61. It's likely she communicated with Aunt Lillian, since they are cousins the same age.

She died a widow in Angleton September 15, 1978. She was living in Clute, Texas, near Lake Jackson at the time. Note that Jeanette and Tom were living in Lake Jackson at the time. She is buried in Galveston Memorial Park in Hitchcock.

Houston Escort, Inc.
L. Ingram-Emb.
TEXAS DEPARTMENT OF HEALTH RESOURCES - BUREAU OF VITAL STATISTICS

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STATE OF TEXAS		020-04-2 020-06		CERTIFICATE OF DEATH 1621		STATE FILE NO. 98962	
1. PLACE OF DEATH a. COUNTY Brazoria				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Brazoria			
b. CITY OR TOWN (If outside city limits, give precinct no.) Angleton		c. LENGTH OF STAY in 1 b. 7-1/2 Wks.		c. CITY OR TOWN (If outside city limits, give precinct no.) Clute			
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Danbury Memorial Hospital				d. STREET ADDRESS (If rural, give location) 1914-North Highway-288			
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 checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Ethel Irene Hoffman		4. DATE OF DEATH September 15, 1978					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH April 19, 1908		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (State or foreign country) Amarillo Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown Walker				14. MOTHER'S MAIDEN NAME Annie Strain			
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. 464-18-4889		17. INFORMANT Robert Russell---Son:			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Paroxysmal Very - cerebral metastases months 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) _____							
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.)							
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> TEXAS DEPARTMENT OF HEALTH REC'D JAN 30 1979 BUREAU OF VITAL STATISTICS </div>							
21. I hereby certify that I attended the deceased from May 2 19 78 to 9-15- 19 78 and last saw the deceased alive on 9-15-78 . Death occurred at 3:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.				20f. CITY, TOWN, OR LOCATION Angleton, Tex			
22a. SIGNATURE <i>[Signature]</i>		19. (Degree or title)		22b. ADDRESS 933 E Mulberry, Angleton, Tex		22c. DATE SIGNED 9-18-78	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 17, 1978		23c. NAME OF CEMETERY OR CREMATORY Galveston Memorial Park			
23d. LOCATION (City, town, or county) (State) Hitchcock, Texas				24. FUNERAL DIRECTOR'S SIGNATURE R. E. Linton			
25a. REGISTRAR'S FILE NO. 1218		25b. DATE REC'D BY LOCAL REGISTRAR 9/26/78		25c. REGISTRAR'S SIGNATURE <i>[Signature]</i>			