

1. PLACE OF DEATH a. COUNTY <u>Grimes</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>Montgomery</u>									
b. CITY OR TOWN (If outside city limits, give precinct no.) <u>Navasota</u>			c. LENGTH OF STAY in 1 b. <u>Montgomery</u>			c. CITY OR TOWN (If outside city limits, give precinct no.) <u>Montgomery</u>							
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <u>Grimes County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Pct. #4</u>									
a. 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 <u>Norman</u> (b) Middle <u>Downs</u> (c) Last <u>Branch, Sr.</u>			4. DATE OF DEATH <u>11-20-1971</u>										
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-22-1915</u>		9. AGE (In years last birthday) <u>56</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 24 HRS. Hours _____ Minutes _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural Courier</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Mail</u>				11. BIRTHPLACE (State or foreign country) <u>Spokane, Washington</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>N.B. Branch</u>						14. MOTHER'S MAIDEN NAME <u>Mable Downs</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W. 11</u>				16. SOCIAL SECURITY NO. <u>458-094-5860</u>				17. INFORMANT <u>Mrs. Helen Branch - Wife</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS RECEIVED 2 1971 BUREAU OF VITAL STATISTICS												INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) (1) <u>Pneumothorax = Fr. Rib</u>													
DUE TO (2) <u>Cirrhosis of the Liver &</u>													
DUE TO (c) <u>Bleeding of Gt. Intest</u>													
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 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.)										
20c. TIME OF INJURY Hour _____ 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.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I, _____, <u>G.O. Coleman, M.D.</u> , thereby certify that I attended the deceased from <u>1-4</u> 19 <u>71</u> to <u>11-20</u> 19 <u>71</u> and last saw the deceased alive on <u>11-20</u> 19 <u>71</u> . Death occurred at <u>10:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>G.O. Coleman, M.D.</u>						22b. ADDRESS <u>NAVASOTA TEX</u>			22c. DATE SIGNED <u>11-23-71</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				23b. DATE <u>11-22-71</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Montgomery Cemetery</u>							
23d. LOCATION (City, town, or county) <u>Montgomery, Texas</u>				24. FUNERAL DIRECTOR'S SIGNATURE <u>Robert C. Ketchum</u> <u>Wetcalb Funeral Dr.</u>									
25a. REGISTRAR'S FILE NO. <u>114</u>			25b. DATE REC'D BY LOCAL REGISTRAR <u>11-26-71</u>			25c. REGISTRAR'S SIGNATURE <u>Platt</u>							