

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO

1. NAME OF DECEASED (Type or print) Jerald Ray Brown			[a] First	[b] Middle	[c] Last	2. SEX Male	3. DATE OF DEATH 12-18-1981					
4. RACE Negro		5a. WAS THE DECEDENT OF SPANISH ORIGIN? no		5b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		6. DATE OF BIRTH 3-22-1948	7. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS Hours Minutes		
8a. PLACE OF DEATH — COUNTY Harris			8b. CITY OR TOWN (If outside city limits, give precise location) Houston			8c. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Methodist Hosp			8d. INSIDE CITY LIMITS? yes			
9. MARRIED NEVER MARRIED, DIVORCED OR FORCED (Specify) Married		10. BIRTHPLACE (State or precise county) Mississippi		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? no		13. SURVIVING SPOUSE (If wife, give maiden name) Janice Johnson				
14. SOCIAL SECURITY NO. 466-86-8995			15a. USUAL OCCUPATION (Give kind of work done during month) Plant Operator			15b. KIND OF BUSINESS OR INDUSTRY Chemical Company						
16a. RESIDENCE — STATE Texas		16b. COUNTY Harris		16c. CITY OR TOWN (If outside city limits) Houston		16d. STREET ADDRESS (If rural, give location) 2802 Blue Sky			16e. INSIDE CITY LIMITS? yes			
17. FATHER'S NAME Moses Brown				18. MOTHER'S MAIDEN NAME Geneva Evans				19. SIGNATURE OF INFORMANT <i>Janice Brown</i> (EAD)				
20. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), (c))											Interval between onset and death	
PART I	(a) Septicemia DUE TO, OR AS A CONSEQUENCE OF:										1 wk	
Conditions, if any, which gave rise to immediate cause stating the underlying cause last	(b) Leukopenia DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death 1 mo.	
	(c) Acute Leukemia										Interval between onset and death 20 mos.	
PART II	OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)										21. AUTOPSY? no	
22a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			22b. DATE OF INJURY (Mo., Day, Yr.)		22c. HOUR OF INJURY		22d. DESCRIBE HOW INJURY OCCURRED					
22e. INJURY AT WORK (Specify yes or no)			22f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)			22g. LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN STATE		
CERTIFIER	23a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) <i>Clarence P. Alfrey, M.D.</i>					24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title)						
To be completed by CERTIFYING PHYSICIAN only	23b. DATE SIGNED (Mo., Day, Yr.) 1/7/82		23c. HOUR OF DEATH 12:40A. M.			24b. DATE SIGNED (Mo., Day, Yr.)		24c. HOUR OF DEATH				
	23d. NAME OF ATTENDING PHYSICIAN (Type or print) Clarence P. Alfrey, Jr., M.D.					24d. PRONOUNCED DEAD (Mo., Day, Year) ON		24e. PRONOUNCED DEAD (Hour) AT				
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial			25b. DATE 12-23-1981			25c. NAME OF CEMETERY OR CREMATORY Paradise North Cemetery						
25d. LOCATION (City, town, or county) Houston			[State] Texas			26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Carl Barnes F.H. Letus Barnes 1721						
27a. REGISTRAR'S FILE NO. 16176			27b. DATE REC'D BY LOCAL REGISTRAR JAN. 29, 1982			27c. SIGNATURE OF LOCAL REGISTRAR <i>B.T. Ward</i>						

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Texas Department of Health — BUREAU OF VITAL STATISTICS

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