

1. PLACE OF DEATH a. COUNTY McLennan			2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE Texas				b. COUNTY McLennan																																						
b. CITY OR TOWN (If outside city limits, give precinct no.) Waco			c. LENGTH OF STAY in 1 b. 35 yrs.		c. CITY OR TOWN (If outside city limits, give precinct no.) Waco																																								
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Hillcrest Hospital			d. STREET ADDRESS (If rural, give location) 2901 Alexander Avenue																																										
e. IS PLACE OF DEATH INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			e. IS RESIDENCE INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			f. IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																							
3. NAME OF DECEASED (Type or print) (a) First Charles (b) Middle Lorenzo (c) Last Chatham			4. DATE OF DEATH December 15, 1975																																										
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 December 25, 1901		9. AGE (In years last birthday) 73		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) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Agriculture			11. BIRTHPLACE (State or foreign country) West, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.																																					
13. FATHER'S NAME L.L. Chatham						14. MOTHER'S MAIDEN NAME Sally Johnson																																							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 259-01-2603-A			17. INFORMANT Mrs. L. L. Chatham																																							
<table border="1"> <tr> <td colspan="10">8. CAUSE OF DEATH (List in order of causality (a), (b), and (c).) IMMEDIATE CAUSE (a) Stroke</td> <td colspan="2">INTERVAL BETWEEN ONSET AND DEATH</td> </tr> <tr> <td colspan="10">RECD FEB 9 1976 DUE TO (b) CARDIO STENOSIS</td> <td colspan="2"></td> </tr> <tr> <td colspan="10">BUREAU OF VITAL STATISTICS DUE TO (c) ATHEROSCLEROTIC VASCULAR DISEASE</td> <td colspan="2"></td> </tr> </table>										8. CAUSE OF DEATH (List in order of causality (a), (b), and (c).) IMMEDIATE CAUSE (a) Stroke										INTERVAL BETWEEN ONSET AND DEATH		RECD FEB 9 1976 DUE TO (b) CARDIO STENOSIS												BUREAU OF VITAL STATISTICS DUE TO (c) ATHEROSCLEROTIC VASCULAR DISEASE											
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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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																			
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.)			20f. CITY, TOWN, OR LOCATION			20g. COUNTY			20h. STATE																																	
21. I hereby certify that I attended the deceased from Dec 11 1975 to Dec 15 1975 and last saw the deceased alive on Dec 15 1975 . Death occurred at 12:50 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.																																													
22a. SIGNATURE Robert A. Sutton, MD (Degree or title)						22b. ADDRESS 3115 Pine and Waco			22c. DATE SIGNED 1/5/76																																				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE December 17, 1975			23c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery																																							
23d. LOCATION (City, town, or county) Waco, Texas			23e. (State) (Texas)			24. FUNERAL DIRECTOR'S SIGNATURE Charles R. White Wilkinson-Hatch Funeral Home, Inc.																																							
25a. REGISTRAR'S FILE NO. 19			25b. DATE REC'D BY LOCAL REGISTRAR JAN 7 1976			25c. REGISTRAR'S SIGNATURE Margaret Scott																																							