

1. PLACE OF DEATH a. COUNTY El Paso		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Texas b. COUNTY El Paso	
b. CITY OR TOWN (If outside city limits, give precinct no.) El Paso		c. LENGTH OF STAY in l. b. 37 years	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 6400 Edgemere Apt. #27		d. STREET ADDRESS (If rural, give location) 6400 Edgemere Apt. #27	
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 Astyanax b. Middle Saunders c. Last Douglass		4. DATE OF DEATH January 26, 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 September 19, 1897
9. AGE (In years last birthday) 77		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) Retired		10b. KIND OF BUSINESS OR INDUSTRY Furniture Store Owner Covington, Texas	
11. BIRTHPLACE (State or foreign country) U. S. A.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Astyanax Saunders Douglass Sr.		14. MOTHER'S MARDEN NAME Hallie May Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 463-10-8762	
17. INFORMANT Mrs. Catherine Douglass			
18. CAUSE OF DEATH (State in full, and (a), (b), and (c).) TEXAS DEPARTMENT OF HEALTH IMMEDIATE CAUSE (a) Cardiac Arrest which gave rise to above cause (a). REC'D MAR 17 1975 DUE TO (b) Cor Pulmonale BUREAU OF VITAL STATISTICS DUE TO (c) Auricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH Sudden 5 yrs. 5 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Pulmonary Emphysema - 20 yrs.			
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	
20f. CITY, TOWN, OR LOCATION El Paso		20g. COUNTY El Paso	
20h. STATE Texas			
21. I hereby certify that I attended the deceased from 1/25/58 to 12/2/74 and last saw the deceased alive on 12/2/74 . Death occurred at 12:15 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. B. Howard M.D.		22b. ADDRESS 1501 Arizona St., 7-E, El Paso, TX.	
22c. DATE SIGNED 1/28/75			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE January 28, 1975	
23c. NAME OF CEMETERY OR CREMATORY Evergreen East Cemetery		24. FUNERAL DIRECTOR'S SIGNATURE R. E. Martin	
23d. LOCATION (City, town, or county) El Paso		23e. FUNERAL HOME Martin Funeral Home	
23f. REGISTRAR'S SIGNATURE Alvin R. Chacon			
25a. REGISTRAR'S FILE NO. 195		25b. DATE REC'D BY LOCAL REGISTRAR JAN 30 1975	
25c. REGISTRAR'S SIGNATURE			

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58