TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

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STATE OF TEXAS — CERTIFICATE OF DEATH — STATE FILE NO. 25143

1. PLACE OF DEATH
a. COUNTY: Tarrant
b. CITY OR TOWN (If outside corporate limits, write RURAL and give precinct no.): Ft. Worth
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2100 Kings Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Tarrant
c. CITY OR TOWN (If outside corporate limits, write RURAL and give precinct no.): Ft Worth
d. STREET ADDRESS (If rural, give location): 2100 Kings Ave

3. NAME OF DECEASED (Type or Print)
a. (First) James b. (Middle) Catoe c. (Last) Galloway

4. DATE OF DEATH: May 3rd 1950

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept 12th 1887
9. AGE: YEARS 62 MONTHS 7 DAYS 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pvt Investigator
10b. KIND OF BUSINESS OR INDUSTRY: Dusty Rhodes
11. BIRTHPLACE (State or foreign country): Texas

12. FATHER'S NAME: Galloway BIRTHPLACE: dk
13. MOTHER'S MAIDEN NAME: dk BIRTHPLACE: dk

14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)
15. SOCIAL SECURITY NO.:
16. INFORMANT'S SIGNATURE: R W Galloway

MEDICAL CERTIFICATION

17. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

TEXAS DEPARTMENT OF HEALTH
REC'D JUN 9 1950
BUREAU OF VITAL STATISTICS

18a. DATE OF OPERATION:
18b. MAJOR FINDINGS OF OPERATION:
19. AUTOPSY? YES ☐ NO ☑

20a. ACCIDENT SUICIDE HOMICIDE (Specify):
20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20f. HOW DID INJURY OCCUR?

21. *I hereby certify that I attended the deceased from* Dec. , 1944, *to* May 3, 1950, *that I last saw the deceased alive on* May 1, 1950, *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

22a. SIGNATURE: M H J Ranelle (Degree or title) D.O.
22b. ADDRESS: 4916 E. Belknap
22c. DATE SIGNED: 5-5-50

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: May 5th 50
23c. NAME OF CEMETERY OR CREMATORY: Georgetown
23d. LOCATION (City, town, or county): Georgetown (State) Texas
24. FUNERAL DIRECTOR'S SIGNATURE: [signature] Lucas Funeral Home

25a. REGISTRAR'S FILE NO.: 942
25b. DATE REC'D BY LOCAL REGISTRAR: MAY 8 1950
25c. REGISTRAR'S SIGNATURE: Zora Griffith

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NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE