

STATE OF TEXAS *070-00-2 070-00* CERTIFICATE OF DEATH

STATE FILE NO.

14379

1. PLACE OF DEATH a. COUNTY Ellis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Ellis		
b. CITY OR TOWN (If outside city limits, give precinct no.) Ferris		c. LENGTH OF STAY in 1 b. 2 yrs	c. CITY OR TOWN (If outside city limits, give precinct no.) Ferris		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Reasenover Rest Home			d. STREET ADDRESS (If rural, give location) North Wood St		
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) Alex			(a) First	(b) Middle	(c) Last
			Malloy		4. DATE OF DEATH March 1, 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH Oct 31, 1886	9. AGE (In years last birthday) 74
				10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) North Carolina			12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME A. A. Malloy			14. MOTHER'S MAIDEN NAME Margaret McMillan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Mrs B. G. Kelly
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Lung - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) bronchogenic DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 1 yr.
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 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. Month _____ Day _____ Year _____			TEXAS DEPARTMENT OF HEALTH REC'D. APR 10 1961 BUREAU OF VITAL STATISTICS STATE		
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		
21. I hereby certify that I attended the deceased from 11/28 1958 in 3/1 1961 and last saw the deceased alive on 3/1 1961 . Death occurred at 12:15 P m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE L.R. Luskman MD			22b. ADDRESS Ferris, Texas		22c. DATE SIGNED 3/2/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 2, 1961	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery		
23d. LOCATION (City, town, or county) Ferris		(State) Texas	24. FUNERAL DIRECTOR'S SIGNATURE Orr Funeral Directors Tom Orr # 4063		
25a. REGISTRAR'S FILE NO. 105	25b. DATE REC'D BY LOCAL REGISTRAR 3-3-61		25c. REGISTRAR'S SIGNATURE Ben Hayden		

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/54