

1. PLACE OF DEATH a. COUNTY Harris		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) e. STATE Texas b. COUNTY Harris	
b. CITY OR TOWN (If outside city limits, give precinct no.) Houston		c. LENGTH OF STAY in l b. 40 years	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION City Auditorium - Texas and Louisiana		d. STREET ADDRESS (If rural, give location) 6225 Doliver Drive	
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"/>		4. DATE OF DEATH June 16, 1961	
3. NAME OF DECEASED (Type or print) (a) First Charles		(b) Middle Marion	
(c) Last Miller		8. DATE OF BIRTH September 18, 1889	
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"/>		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Design Engineer		10b. KIND OF BUSINESS OR INDUSTRY Public Works Department	
11. BIRTHPLACE (State or foreign country) Woodville, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME D.K.		14. MOTHER'S MAIDEN NAME D.K.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Unknown	
(If yes, give year or dates of service) W.W. I		17. INFORMANT Mrs. Jackie Miller	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) _____ DUE TO (c) _____ CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.		INTERVAL BETWEEN ONSET AND DEATH Minutes	
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. _____	
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 HOUSTON		STATE TEXAS	
21. I hereby certify that I attended the deceased from June 16, 1961 to June 16, 1961 and last saw the deceased alive on June 16, 1961 . Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Don W. Chapman, M.D.		22b. ADDRESS 926 Hermann Prof Bldg Houston 25, Texas	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 19, 1961	
23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery		24. FUNERAL DIRECTOR'S SIGNATURE Bob G. Lewis GEO. H. LEWIS & SONS (Bob G. Lewis #3721)	
23d. LOCATION (City, town, or county) Houston, Texas		23e. DATE REC'D BY LOCAL REGISTRAR JUNE 21, 1961	
25a. REGISTRAR'S FILE NO. 3942		25c. REGISTRAR'S SIGNATURE J. N. Alban	

TEXAS DEPARTMENT OF HEALTH
REC'D. JUN 27 1961
BUREAU OF VITAL STATISTICS