

1. PLACE OF DEATH a. COUNTY <b>Galveston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Galveston</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Galveston</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Galveston</b>	
d. NAME OF (If not in hospital; give street address) HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>		d. STREET ADDRESS (If rural, give location) <b>2918 Avenue N 1/2</b>	
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 <b>TONY</b> (b) Middle (c) Last <b>SMITH</b>		4. DATE OF DEATH <b>February 27th, 1964</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>May 14th, 1884</b>
9. AGE (In years (last birthday)) <b>79</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>13</b>	IF UNDER 24 HRS. Hours <b></b> Minutes <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>guard</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>security</b>	11. BIRTHPLACE (State or foreign country) <b>Chicago, Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>unknown</b>	
14. MOTHER'S MAIDEN NAME <b>unknown</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>none</b>	
16. SOCIAL SECURITY NO. <b>464-60-3535</b>		17. INFORMANT <b>Mr. Leo A. Ritzler (nephew)</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>infection</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
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 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 <b></b> Month <b></b> Day <b></b> Year <b></b> a.m. <b></b> p.m. <b></b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION	
21. I hereby certify that I attended the deceased from <b>4-29-59</b> 19 to <b>2-27-64</b> 19 and last saw the deceased alive on <b>2-27-64</b> 19. Death occurred at <b>2:35 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M. J. [Signature]</i> (Degree or title)		22b. ADDRESS <b>2402 - J. Galveston Texas</b>	22c. DATE SIGNED <b>3-17-64</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>February 29, 1964</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Galveston Memorial Park</b>
23d. LOCATION (City, town, or county) (State) <b>Hitchcock Galveston Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
25a. REGISTRAR'S FILE NO. <b>265</b>	25b. DATE REC'D BY LOCAL REGISTRAR <b>3-18-1964</b>	25c. REGISTRAR'S SIGNATURE <i>Clara J. Klein, M.D.</i> <b>1268</b>	

TEXAS DEPARTMENT OF HEALTH  
REC'D. MAR 23 1964  
BUREAU OF VITAL STATISTICS

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

VS-112 - REV. 3/58