

1. PLACE OF DEATH a. COUNTY Matagorda			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Brazoria		
b. CITY OR TOWN (If outside city limits, give precinct no.) Bay City		c. LENGTH OF STAY in 1 b. Sweeny	c. CITY OR TOWN (If outside city limits, give precinct no.) Sweeny		d. STREET ADDRESS (If rural, give location) 1206 Kent St.
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Matagorda General Hospital			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
a. IS PLACE OF DEATH 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 W. VERN b) Middle UNDERHILL c) Last UNDERHILL			4. DATE OF DEATH October 26, 1970		
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 Sept. 6, 1904	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days 06
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). retired	10b. KIND OF BUSINESS OR INDUSTRY oil co.	11. BIRTHPLACE (State or foreign country) Yowell, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Will Underhill			14. MOTHER'S MAIDEN NAME Ida Walters		
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. 442-07-5184	17. INFORMANT Mrs. W. V. Underhill <i>Mrs. W. V. Underhill BT</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TEXAS DEPARTMENT OF HEALTH IMMEDIATE CAUSE (a) Acute Respiratory Failure RECORDED NOV 16 1970 which gave rise to above cause (b). BUREAU OF VITAL STATISTICS DUE TO (b) Chronic Obstructive Pulmonary Disease DUE TO (c) Allergic Bronchitis					INTERVAL BETWEEN ONSET AND DEATH 1 Week 15 Yrs. 1949
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cor Pulmonale					
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 Month Day Year 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		STATE
21. I hereby certify that I attended the deceased from Feb. 63 to 10/26 70 and last saw the deceased alive on 10/26/70 Death occurred at 6:30 P m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Charles H. Taylor</i>			22b. ADDRESS 1804 City TX		22c. DATE SIGNED 10/27/70
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/28/70	23c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial Park		
23d. LOCATION (City, town, or county) (State) Van Vleck, Matagorda Co., Texas			24. FUNERAL DIRECTOR'S SIGNATURE Don Jean Taylor #4852		
25a. REGISTRAR'S FILE NO. 207		25b. DATE REC'D BY LOCAL REGISTRAR 11-2-70	25c. REGISTRAR'S SIGNATURE <i>Myrtle J. Smith</i>		