

1. PLACE OF DEATH a. COUNTY HARRIS		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE TEXAS b. COUNTY HARRIS	
b. CITY OR TOWN (If outside city limits, give precinct no.) HOUSTON		c. CITY OR TOWN (If outside city limits, give precinct no.) HOUSTON	
d. NAME OF ROOM in hospital, give street address HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. STREET ADDRESS (If rural, give location) 4810 FARMER #2	
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"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) a) First DAN		b) Middle ROBERT	
c) Last BANKHEAD		4. DATE OF DEATH MAY 2, 1976	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-3-20
9. AGE (in years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRIVER	
11. BIRTHPLACE (State or foreign country) EMPIRE, ALABAMA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME GARNETT BANKHEAD		14. MOTHER'S MAIDEN NAME ARTE ARMSTRONG	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 4-21-43/6-7-46		16. SOCIAL SECURITY NO. 420-07-3425	
17. INFORMANT <i>S. Bankhead</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ADENOCARCINOMA OF THE LUNG	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<div style="border: 1px solid black; padding: 5px;"> <p>which covers to</p> <p>TEXAS DEPARTMENT OF HEALTH RESOURCES</p> <p>REC'D MAY 25 1976 DUE TO: (c)</p> <p>BUREAU OF VITAL STATISTICS</p> </div>			
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> (Describe how injury OCCURRED. (Enter nature of injury in Part I or Part II of Items 18).)			
20c. TIME OF INJURY Hour: _____ Month: _____ Day: _____ Year: _____			
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		20g. COUNTY HARRIS	
20h. STATE TEXAS		20i. STATE	
21. I hereby certify that I attended the deceased from MARCH 19, 1976 to MAY 2, 1976 and last saw the deceased alive on MAY 2, 1976 . Death occurred at 1:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE M. ZUBLER, M.D.		21b. ADDRESS VA HOSPITAL, HOUSTON, TEXAS	
21c. DATE SIGNED 5-4-76		21c. DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		23c. NAME OF CEMETERY OR CREMATORY Houston National Cemetery	
23d. LOCATION (City, town, or county) (State) Houston, Harris, Texas		24. FUNERAL DIRECTOR'S SIGNATURE Duncan Mortuary	
25. REGISTRY FILE NO. 4690		25b. DATE RECD BY LOCAL REGISTRAR MAY 10, 1976	
25c. REGISTRAR'S SIGNATURE <i>S. Bankhead</i>		25c. REGISTRAR'S SIGNATURE	

TEXAS DEPARTMENT OF HEALTH RESOURCES - BUREAU OF VITAL STATISTICS

VS-112, REV. 1/68