

1. PLACE OF DEATH a. COUNTY Taylor		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Taylor	
b. CITY OR TOWN (If outside city limits, give precinct no.) Abilene, Texas		c. CITY OR TOWN (If outside city limits, give precinct no.) Abilene, Texas	
c. LENGTH OF STAY in 1 b. 36 Yrs.		d. STREET ADDRESS (If rural, give location) 1102 Sayles Blvd. Abilene, Tex.	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION St. Ann Hospital		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. 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 Barney		(b) Middle Allen	
(c) Last Duffy		4. DATE OF DEATH Feb. 9, 1962	
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 Aug. 18, 1893
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil Operator		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Mangum, Okla.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Duffy		14. MOTHER'S MAIDEN NAME <input checked="" type="checkbox"/> Lillian Hart	
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.A. Duffy		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 stomach DUE TO (b) DUE TO (c)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH May, 1961	
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, etc.)		20f. LOCATION	
21. I hereby certify that I attended the deceased from June 2, 1961 to February 9, 1962 and last saw the deceased alive on February 9, 1962 . Death occurred at 7: p. m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>[Signature]</i> (Degree or title) L. J. Webster, M.D.	
22b. ADDRESS 1101 N. 19th, Abilene, Texas		22c. DATE SIGNED 2-13-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 12, 1962	
23c. NAME OF CEMETERY OR CREMATORY Elmwood Memorial Park		24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> Kiker-Warren Inc. By: [Signature]	
25a. REGISTRAR'S FILE NO. 94		25b. DATE REC'D BY LOCAL REGISTRAR FEB 15 1962	
25c. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

TEXAS DEPARTMENT OF HEALTH
REC'D. APR 2 1962
BUREAU OF VITAL STATISTICS

TEXAS DEPARTMENT OF HEALTH
REC'D. MAR 16 1962
BUREAU OF VITAL STATISTICS

TEXAS DEPARTMENT OF HEALTH
REC'D. FEB 28 1962
BUREAU OF VITAL STATISTICS