

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY Medina			2. USUAL RESIDENCE (Where deceased lived, if institutions: residence before admission) a. STATE Texas b. COUNTY Medina		
b. CITY OR TOWN (If outside city limits, give precinct no.) Devine		c. LENGTH OF STAY in <u>3</u> months	c. CITY OR TOWN (If outside city limits, give precinct no.) Natalia		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Devine Nursing Home			d. STREET ADDRESS (If rural, give location) Palfrey street in city		
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) Melvin		(a) First	(b) Middle A.	(c) Last Gallia	4. DATE OF DEATH 3-19-76
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-14-1891	9. AGE (In years last birthday) 84
IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Minutes			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Electrician		10b. KIND OF BUSINESS OR INDUSTRY Electrician		11. BIRTHPLACE (State or foreign country) Bee Co. Texas	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME August Charles Gallia			14. MOTHER'S MAIDEN NAME Julia Russek		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 449-07-2215		17. INFORMANT <i>Therese Lucia Larkin</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) <i>Intermittent Heart Disease</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2yr</i>
<div style="border: 1px solid black; padding: 5px;"> <p>TEXAS DEPARTMENT OF HEALTH RESOURCES RECEIVED APR 7 1976 BUREAU OF VITAL STATISTICS</p> </div>					DUE TO (b)
					DUE TO (c)
18b. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (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.	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	COUNTY
STATE					
21. I hereby certify that I attended the deceased from <u>11-18</u> 19 <u>72</u> to <u>3-19</u> 19 <u>76</u> and last saw the deceased alive on <u>3-19</u> 19 <u>76</u> . Death occurred at <u>6:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Leo E. Petrus</i>			(Degree or title) <i>MD</i>	22b. ADDRESS <i>Dome, TX</i>	22c. DATE SIGNED 3-22-76
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial		23b. DATE 3-22-1976	23c. NAME OF CEMETERY OR CREMATORY St. Joseph		
23d. LOCATION (City, town, or county) (State) Devine Medina Co. Texas			24. FUNERAL DIRECTOR'S SIGNATURE <i>Hurley Funeral Home, 6165</i>		
25a. REGISTRAR'S FILE NO. 491		25b. DATE REC'D BY LOCAL REGISTRAR 3-23-76		25c. REGISTRAR'S SIGNATURE <i>Sim Hubling J. P. Oct. 5</i>	

VS-112, REV. 1/58