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TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STATE OF TEXAS  
CERTIFICATE OF DEATH

3310 22

STATE FILE NO. 16329

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY <b>Tarrant</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Texas</b> b. COUNTY <b>Tarrant</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural, Precinct #1</b> )		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <b>Rural, Precinct #1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Ft Worth Rt 1 Box 291</b>		d. STREET ADDRESS (If rural, give location) <b>Rt 1 Box 291 Ft Worth</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Oscar</b>		b. (Middle) <b>Lafayette</b>	
c. (Last) <b>Jones</b>		4. DATE OF DEATH <b>3-16-53</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>October 22nd 1879</b>
9. AGE YEARS <b>73</b> MONTHS <b>4</b> DAYS <b>24</b>		9. AGE YEARS <b>73</b> MONTHS <b>4</b> DAYS <b>24</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tire Dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Seller of Auto Tires</b>	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. FATHER'S NAME <b>S. Jones</b>	
13. MOTHER'S MAIDEN NAME <b>dk</b>		14. BIRTHPLACE <b>dk</b>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15. SOCIAL SECURITY NO.	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <b>Cerebral Hemorrhage</b>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. CITY, TOWN, OR PRECINCT (Specify)		20d. HOW DID INJURY OCCUR?	
20e. TIME OF INJURY (Month) (Day) (Year) (Hour)		20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21. I hereby certify that I attended the deceased from <b>3-12</b> , 19 <b>53</b> , to <b>3-16</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>3-16</b> , 19 <b>53</b> , and that death occurred at <b>6:00</b> p.m., from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <b>P.H. Murray M.D.</b>		22b. ADDRESS <b>5534 G. Belknap</b>	
22c. DATE SIGNED <b>3-18-53</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>3-17-53</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Garden of Memories</b>	
23d. LOCATION (City, town, or county) (State) <b>Ft Worth Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Lucas Funeral Home</b>	
25a. REGISTRAR'S FILE NO. <b>21</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>AR 23 1953</b>	
25c. REGISTRAR'S SIGNATURE		25d. REGISTRAR'S SIGNATURE	

TEXAS DEPARTMENT OF HEALTH  
REC'D APR 9 1953  
BUREAU OF VITAL STATISTICS