

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 (If not in hospital, give street address) HOSPITAL OR INSTITUTION 7704 KINGLEY STREET		d. STREET ADDRESS (If rural, give location) 7704 KINGSLEY STREET	
a. 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) (a) First RICHARD (b) Middle HENRY (c) Last KERR			4. DATE OF DEATH MAY 4, 1963
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 JULY 3, 1893
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 10 Days 1	IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret) OFFICE MGR.		10b. KIND OF BUSINESS OR INDUSTRY ELECTRIC SUPPLY	11. BIRTHPLACE (State or foreign country) SAINT LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY? UNITED STATES		13. FATHER'S NAME R. J. FKERR	
14. MOTHER'S MAIDEN NAME ANNA TIEMAN		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. 429-07-7025		17. INFORMANT MRS. CORA KERR (WIFE) <i>Mrs Cora Kerr</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) Carcinomatosis DUE TO (b) Probable primary bronchogenic carcinoma RUL DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(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 Month Day Year a.m. p.m. 	20d. PLACE OF INJURY (e.g., in or about home, street, office building, etc.) 		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION 		
21. I hereby certify that I attended the deceased from 3/12 19 63 to 5/4 19 63 and last saw the deceased alive on 4/22 19 63 Death occurred at 9:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated			
22a. SIGNATURE H. S. Barkley Jr., M.D. (Degree or title)		22b. ADDRESS 4414 Montrose	22c. DATE SIGNED 5/7/63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 6, 1963	23c. NAME OF CEMETERY OR CREMATORY FOREST PARK LAWNDALE CEMETERY
23d. LOCATION (City, town, or county) (State) HOUSTON, HARRIS, TEXAS		23e. FUNERAL DIRECTOR'S SIGNATURE Lloyd Marlow #4008 <i>Lloyd Marlow</i>	
25a. REGISTRAR'S FILE NO. 3519	25b. DATE REC'D BY LOCAL REGISTRAR MAY 8 1963 <i>Sgt. E. L. ...</i>	25c. REGISTRAR'S SIGNATURE <i>J. D. Alban</i>	