

1. PLACE OF DEATH a. COUNTY <b>Limestone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Limestone</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Mexia</b>		c. LENGTH OF STAY in l. b. <b>7 years</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Mexia Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>600 East Hopkins St.</b>	
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) a. First <b>FRED</b> b. Middle <b>nmn</b> c. Last <b>MARBERRY</b>		4. DATE OF BIRTH <b>June 30, 1976</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 30, 1898</b>
9. AGE (In years last birthday) <b>77</b>		10. UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	11. UNDER 24 HRS. Hours <input type="checkbox"/> Minutes <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baseball Pitcher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Professional Ball</b>	11. BIRTHPLACE (State or foreign country) <b>Texas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			
13. FATHER'S NAME <b>L. J. Marberry</b>		14. MOTHER'S MAIDEN NAME <b>Nancy Elizabeth Bogard</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>462 01 0033</b>	
17. INFORMANT <b>Mattie Marberry (Wife)</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebrovascular accident with paralysis of the left side of the body.</b> DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Pneumonia, bilateral, Diabetes out of control.</b>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. A CERTAIN TYPE OF INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>TEXAS DEPARTMENT OF HEALTH RESOURCES</b>			
20b. TIME OF INJURY <b>REC'D OCT 7 1976</b>			
20c. PLACE OF INJURY (e.g., home, school, factory, street, office building, etc.) <b>BUREAU OF VITAL STATISTICS</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION <b>Mexia</b>	
20f. COUNTY <b>Limestone</b>		20g. STATE <b>Texas</b>	
21. I hereby certify that I attended the deceased from <b>6-7-76</b> to <b>6-30-76</b> and last saw the deceased alive on <b>6-30-76</b> . Death occurred at <b>5:10 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>216 N. Sherman, Mexia, Texas</b>	
22c. DATE SIGNED <b>7-6-76</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 2, 1976</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Birdston Cemetery</b>		23d. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
23e. LOCATION (City, town, or county) <b>Streetman, Navarro Co., Texas</b>		23f. FUNERAL DIRECTOR'S SIGNATURE <b>Blair-Stubbs, Mexia, By: J. S. Stubbs</b>	
25a. REGISTRAR'S FILE NO. <b>60</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>July 7, 1976</b>	
25c. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-117, REV. 1/58