

1. PLACE OF DEATH a. COUNTY Harris		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Texas b. COUNTY Fort Bend	
b. CITY OR TOWN (If outside city limits, give precinct no.) Houston		c. CITY OR TOWN (If outside city limits, give precinct no.) Rural	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Hermann Hospital		d. STREET ADDRESS (If rural, give location) Route 3, Box 279 (Houston)	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) a. First Harry b. Middle H. c. Last McCurdy		4. DATE OF DEATH July 21, 1972	
5. SEX Male	6. COLOR OR RACE White	7. <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15, 1899
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Administrator Houston Independent School District	11. BIRTH PLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William H. McCurdy	
14. MOTHER'S MAIDEN NAME Amelia Helmrath		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 452-36-5165-A		17. INFORMANT Mr. Harry H. McCurdy	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY TEXAS DEPARTMENT OF HEALTH - IMMEDIATE CAUSE (a) Cerebral hemorrhage secondary to hypertension			INTERVAL BETWEEN ONSET AND DEATH HAS
RECORDED AUG 17 1972 BUREAU OF VITAL STATISTICS			
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 checked="" type="checkbox"/> NO <input 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.			
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 July 20, 1972 to July 21, 1972 and last saw the deceased alive on July 21, 1972 . Death occurred at 5:02 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE S.W. Friedland, M.D.		22b. ADDRESS 6448 FANNIN -- HOUSTON, TEXAS	
22c. DATE SIGNED 07/31/72			
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE Aug. 3, 1972	
23c. NAME OF CEMETERY OR CREMATORY Brookside		24. FUNERAL DIRECTOR'S SIGNATURE Earthman Funerals - Paul L. Cookman	
23d. LOCATION (City, town, or county) Houston, Texas		25. REGISTRAR'S FILE NO. 7282	
25b. DATE REC'D BY LOCAL REGISTRAR AUG. 2, 1972		25c. REGISTRAR'S SIGNATURE J.B. Barrett	