

220-1-0-1 220-1-0

CERTIFICATE OF DEATH

4201 25

STATE FILE NO.

30193

STATE OF TEXAS

1. PLACE OF DEATH a. COUNTY Tarrant			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Tarrant		
b. CITY OR TOWN (If outside city limits, give precinct no.) Fort Worth		c. LENGTH OF STAY in 1 b.	c. CITY OR TOWN (If outside city limits, give precinct no.) Fort Worth		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 901 College			d. STREET ADDRESS (If rural, give location) 901 College		
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 William		(b) Middle G.	(c) Last Nance	4. DATE OF DEATH May 28, 1958	
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 Aug. 2, 1876	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Exterminator		10b. KIND OF BUSINESS OR INDUSTRY Exterminating Co.	11. BIRTHPLACE (State or foreign country) Unknown	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO.	17. INFORMANT Edward H. Clark		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) occlus DUE TO (b) coronary artery DUE TO (c) arteriosclerosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) diabetic mellitus					
19. WAS A FORMED? YES <input type="checkbox"/>			INTERVAL BETWEEN ONSET AND DEATH 45		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of form 101)				
20c. TIME OF INJURY Hour Month Day Year 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 3-28-58 to 5-28-58 and last saw the deceased alive on 5-24-58 . Death occurred at 4:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. C. Brown		(Degree or title) no	22b. ADDRESS 306 W Broadway		22c. DATE SIGNED 5/29/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 29, 1958	23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery		
23d. LOCATION (City, town, or county) Fort Worth		(State) Texas	24. FUNERAL DIRECTOR'S SIGNATURE Robertson-Mueller-Harper		
25a. REGISTRAR'S FILE NO. 1447	25b. DATE REC'D BY LOCAL REGISTRAR MAY 30 1958		25c. REGISTRAR'S SIGNATURE John S. [unclear]		

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

TEXAS DEPARTMENT OF HEALTH
REC'D JUN 11 1958
BUREAU OF VITAL STATISTICS

VS-112, REV. 1/58 4201