

1. PLACE OF DEATH a. COUNTY <b>Bexar</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Bexar</b>		
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Terrell Hills</b>		c. LENGTH OF STAY in 1 b. <b>35 years</b>	c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Terrell Hills</b>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>404 Garraty Road</b>			d. STREET ADDRESS (If rural, give location) <b>404 Garraty Road</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>HENRY</b> (b) Middle <b>LEVAI</b> (c) Last <b>SEVEREID</b>			4. DATE OF DEATH <b>December 17, 1968</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>June 1, 1891</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baseball Scout</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Baseball.</b>	11. BIRTHPLACE (State or foreign country) <b>Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Jars Severeid</b>			14. MOTHER'S MAIDEN NAME <b>Maria Ness</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes: WWI</b>		16. SOCIAL SECURITY NO. <b>166-10-9638-A</b>	17. INFORMANT <b>Mrs. John W. Lyon</b>		
18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).) <b>TEXAS DEPARTMENT OF HEALTH</b> <b>REC'D DEC 30 1968</b> <b>BUREAU OF VITAL STATISTICS</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>
IMMEDIATE CAUSE (a) <b>Chronic nephritis</b>					
DUE TO (b) <b>Arteriosclerosis - generalized</b>					
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. 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 <b>San Antonio, Texas</b>		STATE <b>Texas</b>
21. I hereby certify that I attended the deceased from <b>Oct 28</b> 19 <b>68</b> to <b>Dec. 17,</b> 19 <b>68</b> and last saw the deceased alive on <b>Dec 16</b> 19 <b>68</b> . Death occurred at <b>8:13</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Willis W. Allen M.D.</b>			22b. ADDRESS <b>219 M &amp; S Tower San Antonio, Texas</b>		22c. DATE SIGNED <b>12-18-68</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-19-68</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Memorial Park</b>		
23d. LOCATION (City, town, or county) <b>San Antonio</b>		(State) <b>Texas</b>	24. FUNERAL DIRECTOR'S SIGNATURE <b>Porter Loring Mortua</b>		
25a. REGISTRAR'S FILE NO. <b>6166</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>DEC 18 1968</b>	25c. REGISTRAR'S SIGNATURE <b>R.M.</b>		

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

28 4460

VS-112, REV. 1/58