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| 1. PLACE OF DEATH<br>a. COUNTY <b>HARRISON</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>TEXAS</b> b. COUNTY <b>HARRISON</b> |  |
| b. CITY OR TOWN (If outside city limits, give precinct no.)<br><b>MARSHALL</b>                               |  | c. CITY OR TOWN (If outside city limits, give precinct no.)<br><b>MARSHALL</b>   |  |
| c. LENGTH OF STAY in l. b.<br><b>28 Years</b>  |  | d. STREET ADDRESS (If rural, give location)<br><b>1002 MORRISON STREET</b>   |  |
| d. NAME OF (If not in hospital, give street address)<br>HOSPITAL OR INSTITUTION <b>MEMORIAL HOSPITAL</b>     |  | e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                  |  |
| e. IS PLACE OF DEATH 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)<br>(a) First <b>GUY</b> (b) Middle <b>—</b> (c) Last <b>STURDY</b>               |                                  |   | 4. DATE OF DEATH<br><b>MAY 4, 1965</b>          |   |  |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>AUGUST 7, 1899</b>       | 9. AGE (In years last birthday)<br><b>65</b>              | IF UNDER 1 YEAR<br>Months Days Hours Minutes |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>BUSINESS AGENT</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>UNION</b>   |   | 11. BIRTHPLACE (State or foreign country)<br><b>TEXAS</b> |  |
| 13. FATHER'S NAME<br><b>JOHN STURDY</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>BETTY PHELPS</b> |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>NO</b>                                       |                                  | 16. SOCIAL SECURITY NO.<br><b>217-05-9385</b>   |   | 17. INFORMANT<br><i>John Sturdy</i>                       |  |

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b> |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Three</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____                                |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)                                    |  |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 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<br>Hour Month Day Year<br>a.m. p.m.   |  |  | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)  |  |  |
| 20e. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  |  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE   |  |  |

**TEXAS DEPARTMENT OF HEALTH**  
**REC'D JUN 10 1965**  
**BUREAU OF VITAL STATISTICS**

|   |                                  |  |                                   |
|---|----------------------------------|--|-----------------------------------|
| 21. I hereby certify that I attended the deceased from <b>February</b> 19 <b>60</b> to <b>May 4,</b> 19 <b>65</b> and last saw the deceased alive on <b>May 4</b> 19 <b>65</b> . Death occurred at <b>7:10 P.</b> m. on the date stated above, and to the best of my knowledge, from the causes stated. |                                  |  |                                   |
| 22a. SIGNATURE<br><i>Dr. [Signature]</i>  | (Degree or title)<br><b>M.D.</b> | 22b. ADDRESS<br><b>Marshall, Texas</b> | 22c. DATE SIGNED<br><b>5-7-65</b> |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> |  | 23b. DATE<br><b>May 6, 1965</b>                     |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Colonial Gardens</b>  |  |
| 23d. LOCATION (City, town, or county)<br><b>HARRISON</b>   |  | 23e. STATE<br><b>TEXAS</b>                          |  | 24. FUNERAL DIRECTOR'S SIGNATURE<br><b>SULLIVAN FUNERAL HOME</b><br><b>MARSHALL, TEXAS BY: [Signature]</b> |  |
| 25a. REGISTRAR'S FILE NO.<br><b>126</b>                    |  | 25b. DATE REC'D BY LOCAL REGISTRAR<br><b>5-9-65</b> |  | 25c. REGISTRAR'S SIGNATURE<br><b>Donald Duncan By [Signature] #5080</b>                                    |  |