

2-46-2-0-2-246-2-0

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

4701 35

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

4701

1. PLACE OF DEATH a. COUNTY Williamson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Williamson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Taylor) OR TOWN Taylor		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Taylor	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stromberg Hospital		d. STREET ADDRESS (If rural, give location) 1006 Cecelia St.	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Monroe c. (Last) Sweeney		4. DATE OF DEATH January 29, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 28, 1892
9. AGE 57 YEARS 1 MONTHS 1 DAYS		IF UNDER 24 HRS. Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterans Training of Education		10b. KIND OF BUSINESS OR INDUSTRY State Department	
11. BIRTHPLACE (State or foreign country) Paris Kentucky		12. FATHER'S NAME Rev. Sweeney BIRTHPLACE Kentucky	
13. MOTHER'S MAIDEN NAME Alice Moning BIRTHPLACE Kentucky		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	
15. SOCIAL SECURITY NO. Unknown		16. INFORMANT'S SIGNATURE Mrs Lucille Sweeney	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
18a. DATE OF OPERATION None		18b. MAJOR FINDINGS OF OPERATION _____	
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. (CITY, TOWN, OR PRECINCT NO.) _____ (COUNTY) _____ (STATE) _____	
20a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	20c. (CITY, TOWN, OR PRECINCT NO.) _____ (COUNTY) _____ (STATE) _____	
20d. TIME OF INJURY (Month) (Day) (Year) _____ (Hour) _____ (Min) _____	20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. HOW DID INJURY OCCUR? _____	
21. I hereby certify that I attended the deceased from January 29, 1950 , to January 29, 1950 , that I last saw the deceased alive on January 29, 1950 , and that death occurred at 2:45 A.M. , from the causes and on the date stated above.			
22a. SIGNATURE _____ (Degree or title) _____		22b. ADDRESS Taylor, Texas.	
22c. DATE SIGNED 2/2/50		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE January 31, 1950		23c. NAME OF CEMETERY OR CREMATORY Taylor City Cemetery	
23d. LOCATION (City, town, or county) Taylor, Texas (State) _____		24. FUNERAL DIRECTOR'S SIGNATURE Ray E. Bondre #2212	
25a. REGISTRAR'S FILE NO. _____		25b. DATE REC'D BY LOCAL REGISTRAR January 31, 1950	
25c. REGISTRAR'S SIGNATURE Edward Doak			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

TEXAS DEPARTMENT OF HEALTH
REC'D FEB 10 1950
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