

123-1-4-1-123-1-4 TEXAS DEPARTMENT OF HEALTH 4920 30 18252  
 BUREAU OF VITAL STATISTICS  
 STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NO.

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give precinct no.) <b>Beaumont</b>			c. LENGTH OF STAY (In this place) <b>6 years</b>			c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <b>Beaumont</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1740 Milam</b>				d. STREET ADDRESS (If rural, give location) <b>1740 Milam St</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clayland</b>		b. (Middle) <b>Maffett</b>		c. (Last) <b>Touchstone</b>		4. DATE OF DEATH <b>April 28- 1949</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan 24, 1903</b>	
9. AGE <b>46</b>		YEARS <b>3</b>		MONTHS <b>4</b>		DAYS <b>4</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ball player</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Service Club.</b>		11. BIRTHPLACE (State or foreign country) <b>Moore Penn.</b>			
12. FATHER'S NAME <b>Clayland M. Touchstone</b>				BIRTHPLACE <b>Md.</b>		13. MOTHER'S MAIDEN NAME <b>Ada Strait</b>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		15. SOCIAL SECURITY NO. <b>445-05-3729</b>		16. INFORMANT'S SIGNATURE <b>Mrs Elsie Touchstone</b>			
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, ashenic, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Vein p...</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes</b>				INTERVAL BETWEEN ONSET AND DEATH <b>few hrs.</b>	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION				19. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) <b>Beaumont Jefferson Tex.</b>			
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <b>4-25, 1949</b> , to <b>4-28, 1949</b> , that I last saw the deceased alive on <b>4-28, 1949</b> , and that death occurred at <b>8 p. m.</b> , from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) <b>Thos C. Mitchell MD</b>				22b. ADDRESS <b>Beaumont Tex</b>		22c. DATE SIGNED <b>4-30-49</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE <b>May 1st, 1949</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Forest Lawn Cemetery</b>		
23d. LOCATION (City, town, or county) (State) <b>Beaumont Texas</b>			24. FUNERAL DIRECTOR'S SIGNATURE <b>Williams Funeral Home J.M. Williams</b>				
25a. REGISTRAR'S FILE NO. <b>334</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>May 2, 1949</b>		25c. REGISTRAR'S SIGNATURE <b>Ellen Kennedy</b>			

TEXAS DEPARTMENT OF HEALTH  
 RECEIVED  
 MAY 11 1949  
 BUREAU OF VITAL STATISTICS

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE