

1. PLACE OF DEATH a. COUNTY Harris		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas		b. COUNTY Harris	
b. CITY OR TOWN (If outside city limits, give precinct no.) Houston		c. LENGTH OF STAY in 1 b.		c. CITY OR TOWN (If outside city limits, give precinct no.) Houston	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 6226 Vickijohn		d. STREET ADDRESS (If rural, give location) 6226 Vickijohn			
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) Donald Edward Wilson		4. DATE OF DEATH 1-5-1975 (found)			
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 2-12-1945		9. AGE (In years last birthday) 29		IF UNDER 1 YEAR Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baseball Pitcher		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Monroe, Louisiana	
12. CITIZEN OF WHAT COUNTRY? U S A		13. FATHER'S NAME Pelton Wilson		14. MOTHER'S MAIDEN NAME Lizzie Newman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Bernice Delores Wilson	
18. CAUSE OF DEATH (Enter only one cause per line for PART I DEATH WAS CAUSED BY TEXAS DEPARTMENT OF HEALTH IMMEDIATE CAUSE (a) RECORDED FEB 26 1975 DUE TO (b) BUREAU OF VITAL STATISTICS TO (c)		Asphyxia due to carbon monoxide inhalation.			
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 checked="" type="checkbox"/> NO <input type="checkbox"/>					
20a. ACCIDENT <input checked="" 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.) Carbon monoxide inhalation.			
20c. TIME OF INJURY Hour Month Day Year UNK 1 5 75					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Residence		20f. CITY, TOWN, OR LOCATION Houston Harris Texas	
21. I hereby certify that I attended the deceased from found to 19 and last saw the deceased alive on from autopsy findings. Death occurred at 1-5-75 m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE G. Sheldon Green, M.D.		22b. ADDRESS 209 Courthouse Houston, Texas		22c. DATE SIGNED 2-4-75	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-9-1975		23c. NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery	
23d. LOCATION (City, town, or county) Los Angeles		23e. STATE California		24. FUNERAL DIRECTOR'S SIGNATURE Carl Barnes F H Titus Barnes 4724	
25a. REGISTRAR'S FILE NO. 1360		25b. DATE REC'D BY LOCAL REGISTRAR FEB. 10, 1975		25c. REGISTRAR'S SIGNATURE 788 Garrett	