

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>San Antonio</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>San Antonio</b>	
c. LENGTH OF STAY in l.b. <b>25 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2727 Danbury Dr.</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Santa Rosa Medical Center</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) (a) First <b>J.</b> (b) Middle <b>LINDSAY</b> (c) Last <b>BROWN</b>		4. DATE OF DEATH <b>January 1, 1967</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 22, 1911</b>
9. AGE (In years last birthday) <b>55</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>Buyer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cattle Business</b>	
11. BIRTHPLACE (State or foreign country) <b>Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Jim Brown</b>		14. MOTHER'S MAIDEN NAME <b>Kate Lindsay</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give year or dates of service) <b>WW 2</b>		16. SOCIAL SECURITY NO. <b>460-07-3360</b>	
17. INFORMANT <b>Ms Jim Brown</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) IMMEDIATE CAUSE (a) <b>Pneumonia</b> DUE TO (b) <b>Acute Alcoholism</b> DUE TO (c) <b>Acute Fatty Liver</b>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>3-4 days</b> <b>4 weeks</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Alcoholic Myocarditis</b>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED: (Enter name of person if different from informant) <b>TEXAS DEPARTMENT OF HEALTH REC'D FEB 10 1967 BUREAU OF VITAL STATISTICS</b>	
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 COUNTY STATE	
21. I hereby certify that I attended the deceased from <b>June 28</b> 19 <b>52</b> to <b>1/1</b> 19 <b>67</b> and last saw the deceased alive on <b>1/1</b> 19 <b>67</b> . Death occurred at <b>9:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Harold Inau</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>602 W. French, San Antonio, Tex.</b>	
22c. DATE SIGNED <b>1/3/67</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal for Burial</b>	
23b. DATE <b>January 2, 1967</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Gooch Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Mason Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Roy Akers Funeral Chapels by</b> <i>Beach</i>	
25a. REGISTRAR'S FILE NO. <b>7</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>JAN 4 1967</b>	
25c. REGISTRAR'S SIGNATURE <i>Harold Inau</i>			