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|--|--|---|--|---|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY TARRANT | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas | | b. COUNTY Tarrant | |
| b. CITY OR TOWN (If outside city limits, give precinct no.) Fort Worth | | c. LENGTH OF STAY in 1 b. 60 Yrs | | c. CITY OR TOWN (If outside city limits, give precinct no.) Fort Worth | |
| d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 2103 Pearl | | d. STREET ADDRESS (If rural, give location) 2103 Pearl | | | |
| e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input 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) (a) First JAMES | | (b) Middle OTTO | | (c) Last CARLETON | |
| 4. DATE OF DEATH January 12, 1977 | | 5. SEX Male | | 6. COLOR OR RACE White | |
| 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH August 19, 1906 | | 9. AGE (In years last birthday) 70 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY Chemical Company | | 11. BIRTHPLACE (State or foreign country) Texas | |
| 12. CITIZEN OF WHAT COUNTRY? U S A | | 13. FATHER'S NAME Eddie Carleton | | 14. MOTHER'S MAIDEN NAME Annie Emily Crow | |
| 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. 352-05-1449 | | 17. INFORMANT Fannie Carleton by: John Ed Keeter | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST, DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause(s): _____ PART II. OTHER CAUSES OR CONDITIONS RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 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 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 on January 12, 1977 at 9:22 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Felix Quozel | | 22b. ADDRESS 1062 W. MAGNOLIA, FORT WORTH | | 22c. DATE SIGNED 1/13/77 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE January 13, 1977 | | 23c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery | |
| 23d. LOCATION (City, town, or county) (State) Comanche Texas | | 24. FUNERAL DIRECTOR'S SIGNATURE John Ed Keeter #5995 | | 25a. REGISTRAR'S SIGNATURE Nancy Smith | |
| 25a. REGISTRAR'S FILE NO. 84 | | 25b. DATE REC'D BY LOCAL REGISTRAR JAN 17 1977 | | | |

TEXAS DEPARTMENT OF HEALTH RESOURCES - BUREAU OF VITAL STATISTICS

VS-112, REV. 1/53