

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Texas b. COUNTY Jackson			
b. CITY OR TOWN (If outside city limits, give precinct no.) Edna		c. LENGTH OF STAY in 1 b. 2 years	c. CITY OR TOWN (If outside city limits, give precinct no.) Edna			
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 309 So. Pumphrey			d. STREET ADDRESS (If rural, give location) 309 So. Pumphrey			
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) (a) First Frank (b) Middle Gilbert (c) Last Gibson Sr.			4. DATE OF DEATH April 27, 1961			
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 Sept 27, 1890	9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life; if retired) City Public Service	10b. KIND OF BUSINESS OR INDUSTRY Electrical		11. BIRTHPLACE (State or foreign country) Omaha, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME No Record			14. MOTHER'S MAIDEN NAME No Record			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 467-60-2234		17. INFORMANT Mrs. Frank Gibson		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Coronary arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH Sudden	
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 _____ a.m. _____ p.m. Month _____ Day _____ Year _____			<div style="border: 2px solid black; padding: 5px; text-align: center;"> TEXAS DEPARTMENT OF HEALTH REC'D. MAY 11 1961 BUREAU OF VITAL STATISTICS COUNTY _____ STATE _____ </div>			
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.)				
21. I hereby certify that I attended the deceased from December 11, 1959 to April 27, 1961 and last saw the deceased alive on April 27, 1961 . Death occurred at 1:34 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Florrys Crawford</i> (Degree or title)			22b. ADDRESS P.O. Drawer A, Edna, Texas		22c. DATE SIGNED 5/1/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 29, 1961	23c. NAME OF CEMETERY OR CREMATORY Edna City Cemetery, Lot 63, Blk A, Sp 7			
23d. LOCATION (City, town, or county) Edna, (Jackson Co.) Texas			24. FUNERAL DIRECTOR'S SIGNATURE <i>Slavia Funeral Home, Louis Blanchard</i>			
25a. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR May 3-1961		25c. REGISTRAR'S SIGNATURE <i>Florrys Crawford</i>		