

1. PLACE OF DEATH a. COUNTY <i>Cass</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>TEXAS</i> b. COUNTY <i>CASS</i>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <i>LINDEN</i>		c. CITY OR TOWN (If outside city limits, give precinct no.) <i>PRECINCT #1</i>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <i>LINDEN MUNICIPAL HOSPITAL</i>		d. STREET ADDRESS (If rural, give location) <i>Route #1, Douglassville, Texas</i>	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) (a) First <i>BERNARD</i> (b) Middle <i>HENDERSON</i> (c) Last			4. DATE OF DEATH <i>6-4-66</i>		
5. SEX <i>MALE</i>		6. COLOR OR RACE <i>WHITE</i>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <i>April 12, 1899</i>		9. AGE (In years last birthday) <i>67</i>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Self Employed</i>		11. BIRTHPLACE (State or foreign country) <i>Texas</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>Victor O. Henderson</i>		
14. MOTHER'S MAIDEN NAME <i>Sarah Perkins</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		
16. SOCIAL SECURITY NO. <i>453-12-0031</i>			17. INFORMANT <i>Mrs. Bernard Henderson</i>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hepatic Failure</i> DUE TO (b) <i>Cirrhosis of liver</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>3wks</i> <i>3yrs.</i>
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 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.		<div style="border: 1px solid black; padding: 5px;"> <p>TEXAS DEPARTMENT OF HEALTH</p> <p>REC'D JUL 11 1966</p> <p>BUREAU OF VITAL STATISTICS STATE</p> </div>	
20d. INJURY OCCURRED WHERE AT WORK <input type="checkbox"/> NOT WHERE AT WORK <input type="checkbox"/>			

21. I hereby certify that I attended the deceased from *Feb 5*, 19*65* to *6-4*, 19*66* and last saw the deceased alive on *6-4*, 19*66*. Death occurred at *2:00A* m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Herbert Barrett J. W.S.</i>		22b. ADDRESS <i>Box 560, Linden, Texas</i>		22c. DATE SIGNED <i>6-6-66</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>6-6-66</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St. Williams Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Linden</i>		(State) <i>Texas</i>		24. FUNERAL DIRECTOR'S SIGNATURE <i>Milton Cane, Jr. #5848</i>	
25a. REGISTRAR'S FILE NO. <i>114</i>		25b. DATE REC'D BY LOCAL REGISTRAR <i>June 9, 1966</i>		25c. REGISTRAR'S SIGNATURE <i>Wayne C. Brown</i>	

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION