

1. PLACE OF DEATH a. COUNTY Fannin			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Texas b. COUNTY Fannin		
b. CITY OR TOWN (If outside city limits, give precinct no.) Bonham		c. LENGTH OF STAY in b. 33 years	c. CITY OR TOWN (If outside city limits, give precinct no.) Bonham		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Allen Memorial Hospital			d. STREET ADDRESS (If rural, give location) 2013 Franklin		
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 HOWARD		(b) Middle ZELL	(c) Last McLARRY		4. DATE OF DEATH November 4, 1971
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 March 25, 1891	9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor		10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (State or foreign country) Leonard, Texas		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Sam McLarry			14. MOTHER'S MAIDEN NAME Jessie Wright		
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. 415-01-1357-A	17. INFORMANT Danny McLarry - son		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). IMMEDIATE CAUSE (a) myocardial failure RESIDUAL CAUSE (b) acute cardiac circulatory failure BASIC CAUSE (c) acute coronary thrombosis					INTERVAL BETWEEN ONSET AND DEATH Inst Inst Inst
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Coronary arterio sclerosis Heart Disease					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 _____ a.m. _____ p.m. Month _____ Day _____ Year _____					
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 10-28 19 71 to 11-4 19 71 and last saw the deceased alive on 11-3 19 71 . Death occurred at 5:20 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Max E. Dyer, D.O.			22b. ADDRESS 2105 N. Center		22c. DATE SIGNED 11-8-71
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 6, 1971	23c. NAME OF CEMETERY OR CREMATORY Leonard Cemetery		
23d. LOCATION (City, town, or county) (State) Leonard, Texas		24. FUNERAL DIRECTOR'S SIGNATURE Joe C. Denton, Jr.			
25a. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR 11-10-71		25c. REGISTRAR'S SIGNATURE Ruth Jones	