

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY Dallas			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Dallas		
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		c. LENGTH OF STAY <i>in 1 b.</i> few mins	c. CITY OR TOWN (If outside city limits, give precinct no.) Garland		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION D.O.A. Dr's. Hospital			d. STREET ADDRESS (If rural, give location) 901 Arrowhead		
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 James E. (b) Middle Miller (c) Last			4. DATE OF DEATH 11-21-66		
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 2-13-1913	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer and Seller of Automobiles		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Celeste, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Allen Miller			14. MOTHER'S MAIDEN NAME Sally O'Neal		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 455-10-1518	17. INFORMANT Mrs. Jessie Miller <i>Mrs. Jessie Miller</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) Coronary Occlusion CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (b) STATE THE UNDERLYING CAUSE (c)					INTERVAL BETWEEN ONSET AND DEATH
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.					
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 Garland		STATE Texas
21. I hereby certify that I am a Justice of the Peace Held Inquest on November 21 , 19 66 Death occurred at 12:00 noon on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Sherran Ward</i>			22b. ADDRESS 305 N. 5th St., Garland, Texas		22c. DATE SIGNED 11-30-66
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-21-66	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery <i>Benny Pettus</i>		
23d. LOCATION (City, town, or county) (State) Forney, Texas			24. FUNERAL DIRECTOR'S SIGNATURE Anderson-Clayton Bros. Benny B. Pettus		
25a. REGISTRAR'S FILE NO. 7158		25b. DATE REC'D BY LOCAL REGISTRAR DEC 2 - 1966	25c. REGISTRAR'S SIGNATURE <i>Maureen Lamon</i>		

NON-RESIDENT

VS-112, REV. 1/58