

1. PLACE OF DEATH a. COUNTY <b>Harris</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Harris</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Houston</b>		c. LENGTH OF STAY in l. b. <b>17 years</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>D.O.A. Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>245 Lena</b>	
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"/>	
3. NAME OF DECEASED (Type or print) <b>Marshall</b>		4. DATE OF DEATH <b>March 3, 1964</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 15, 1915</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Boilermaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shell Refinery</b>	9. AGE (In years last birthday) <b>48</b>
13. FATHER'S NAME <b>William Scott</b>		11. BIRTHPLACE (State or foreign country) <b>Roswell, N. M.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		12. CITIZEN OF WHAT COUNTRY? <b>United States</b>	
16. SOCIAL SECURITY NO. <b>426 28 7782</b>		14. MOTHER'S MAIDEN NAME <b>Clara Elizabeth Wyatt</b>	
17. INFORMANT <b>Mrs. Marshall Scott</b>		17. INFORMANT <b>Mrs. Marshall Scott, Wife</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fractured skull with cerebral contusions.</b> DUE TO (b) <b>contusions.</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE (b) OR (c) _____			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>Decedent struck by block and fell from height, while at work.</b>		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ <b>P.M. March 3, 1964</b>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Refinery</b>	20f. CITY, TOWN, OR LOCATION <b>Houston Harris Texas</b>
21. I hereby certify that I attended the deceased from <b>from autopsy findings</b> approx. <b>1:40 P.M.</b> to _____, 19____ and last saw the deceased alive on _____, 19____. Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert Bucklin, M. D.</b>		22b. ADDRESS <b>209 Court House</b>	22c. DATE SIGNED <b>3-5-64</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>March 5, 1964</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Glenwood Cemetery</b>
23d. LOCATION (City, town, or county) <b>Groveton, Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>HEIGHTS FUNERAL HOME</b>	
25a. REGISTRAR'S FILE NO. <b>1740</b>	25b. DATE REC'D BY LOCAL REGISTRAR <b>MAR. 6, 1964</b>	25. REGISTRAR'S SIGNATURE <b>Dr. N. Colban</b>	

TEXAS DEPARTMENT OF HEALTH  
REC'D MAR 16 1964  
BUREAU OF VITAL STATISTICS