

1. PLACE OF DEATH a. COUNTY Fayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE California b. COUNTY	
b. CITY OR TOWN (If outside city limits, give precinct no.) Schulenburg		c. CITY OR TOWN (If outside city limits, give precinct no.) Desert Center	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Von Minden Hotel		d. STREET ADDRESS (If rural, give location) Gen. Del.	
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 IRA (b) Middle D. (c) Last TOWNSEND			4. DATE OF DEATH JULY 21, 1965		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH January 9, 1894	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baseball Player		10b. KIND OF BUSINESS OR INDUSTRY Prof. Baseball		11. BIRTHPLACE (State or foreign country) Texas	
12. CITIZEN OF WHAT COUNTRY? USA					

13. FATHER'S NAME Tap Townsend		14. MOTHER'S MAIDEN NAME Nina Fisher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W I		16. SOCIAL SECURITY NO. 554-10-8965	
17. INFORMANT Cl Watson			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural Cause - Heart Attack Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (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.) REC'D AUG 2 1965	
20c. TIME OF INJURY Hour Month Day Year a.m. p.m.		BUREAU OF VITAL STATISTICS	
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 July 21, 1965 19 July 21, 1965 and last saw the deceased alive on July 21, 1965 19 July 21, 1965 Death occurred at Sometime after midnight on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joe L. Schwartz, Coroner (Degree or title)	22b. ADDRESS 414 Anderson St Schulenburg	22c. DATE SIGNED July 21, 1965
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 22, 1965	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery
23d. LOCATION (City, town, or county) Weimar	(State) Texas	24. FUNERAL DIRECTOR'S SIGNATURE Hubbard Funeral Home, Inc. #5632
25a. REGISTRAR'S FILE NO. 33	25b. DATE REC'D BY LOCAL REGISTRAR July 22, 1965	25c. REGISTRAR'S SIGNATURE Joe L. Schwartz

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

VS-112, REV. 1/58