

1. PLACE OF DEATH a. COUNTY Hill		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Texas b. COUNTY Hill	
b. CITY OR TOWN (If outside city limits, give precinct no.) Hillsboro		c. CITY OR TOWN (If outside city limits, give precinct no.) Hubbard	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Hillsboro Clinic Hospital		d. STREET ADDRESS (If rural, give location) Highway 171	
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 (b) Middle (c) Last Tony Batton York			4. DATE OF DEATH April 18, 1970
5. SEX Male	6. COLOR OR RACE White	7. <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 27, 1912
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months Days Hours Minutes	IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Parts Manager-Auto Dealership		10b. KIND OF BUSINESS OR INDUSTRY Dealership	11. BIRTHPLACE (State or foreign country) Texas
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Theodore York	
14. MOTHER'S MAIDEN NAME Mattie Batton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWII	
16. SOCIAL SECURITY NO. 446 10 0964		17. INFORMANT Mariana York-Wife	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: USE (a) Acute Myocardial Infarction. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH hours
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		COUNTY STATE	
21. I hereby certify that I attended the deceased from 4-17-70 to 4-18-70 and last saw the deceased alive on 4-18-70 . Death occurred at 3:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. Robert W. Shirey M.D., F.A.C.S.		22b. ADDRESS 215 Craig St. Hillsboro, Texas	
22c. DATE SIGNED 4-24-70			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-19-70	
23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24. FUNERAL DIRECTOR'S SIGNATURE Eubanks Funeral Home, Inc. [Signature]	
23d. LOCATION (City, town, or county) Hubbard, Texas		23e. STATE Texas	
25a. REGISTRAR'S FILE NO. 7446		25b. DATE REC'D BY LOCAL REGISTRAR 4-27-70	
25c. REGISTRAR'S SIGNATURE Joe Ed Ward by [Signature]			