

1. PLACE OF DEATH a. COUNTY <i>Randall</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Texas</i> b. COUNTY <i>Randall</i>		
b. CITY OR TOWN (If outside city limits, give precinct no.) <i>Amarillo</i>		c. LENGTH OF STAY <i>28</i> years	c. CITY OR TOWN (If outside city limits, give precinct no.) <i>Amarillo</i>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <i>3805 Lewis Lane</i>			d. STREET ADDRESS (If rural, give location) <i>3805 Lewis Lane</i>		
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 <i>ALBERT</i> (b) Middle <i>CLYDE</i> (c) Last <i>YOUNGBLOOD</i>			4. DATE OF DEATH <i>July 6, 1968</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>June 13, 1900</i>	9. AGE (In years last birthday) <i>68</i>	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Auctioneer-owner</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Auction business</i>	11. BIRTHPLACE (State or foreign country) <i>Texas</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>William Michael Youngblood</i>			14. MOTHER'S MAIDEN NAME <i>Cynthia Eagan</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i> (If yes, give war or dates of service) <i>WW1 and WW11</i>		16. SOCIAL SECURITY NO. <i>452-07-4207-A</i>	17. INFORMANT <i>Lawrence Youngblood (Son)</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) <i>Coronary thrombosis.</i> DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH <i>several months.</i>
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 DEATH OCCURRED (Enter cause of injury in Part I or Part II of Item 18.) <i>REC'D AUG 23 1968</i>				
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 <i>Amarillo</i>		STATE <i>Texas</i>
21. I hereby certify that I attended the deceased from <i>October 27, 1965</i> to <i>July 6, 1968</i> and last saw the deceased alive on <i>July 6, 1968</i> . Death occurred at <i>3:00 P.</i> m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Ed Rowley M.D.</i> (Degree or title)			22b. ADDRESS <i>2209 W. 7th. Amarillo, Texas</i>		22c. DATE SIGNED <i>7-8-68</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>July 9, 1968</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Llano Cemetery</i>		
23d. LOCATION (City, town, or county) <i>Amarillo, Texas</i>		24. FUNERAL DIRECTOR'S SIGNATURE <i>Boxwell Brothers by [Signature] #5812</i>			
25a. REGISTRAR'S FILE NO. <i>609</i>		25b. DATE REC'D BY LOCAL REGISTRAR <i>7-10-68</i>	25c. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

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