e. COUNTY				2. USUAL RESIDENCE (V	Vhere deceased	FILENO.	residence bafo	re and ist	ひむう
e. 000iiii	Hunt	•		STATE Tex	3.65	b. COU	MY Gre	88	,
Greenv	WN (If outside city limits, i. 1.1.e.	, give precinct no.)	in 16. 3 Wils	Longvi		limits, give precinc	t no.)		
d. NAME OF (IF A HOSPITAL OR INSTITUTION	not in hospital, give street			d STREET ADDRES	S (If rure), give I Mrytl				:
e. IS PLACE OF	DEATH INSIDE CITY	LIMITS?		IS RESIDENCE I	NSIDE CITY L	IMITS?	f. IS RESIDEN	ICE ON A	FARM?
		YES	NO 🗂	YES		моП	Y	ES	моД
NAME OF DECEASED (Type or print)	(a) First GILBER	T	MERMAN	ERACK		on 20			
.sexc.lc	& COLOR C		7. Merried (1) Never Merried (1) Widowed (1) Divorced (1)	March 29	1908	9. AGE (In years last birthday) 51	Months D	YEAR IF	UNDER 24 HRS purs Minutes
during most of world	TION (Give kind of work king 150, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  UNIC.  USA					COUNTRY?		
. FATHER'S NAME	Unk.			14. MOTHER'S MAIDEN		nk.			
s. WAS DECEASED ( es. no. or unknown)	(If yes, give wer or det	es of service)	14 SOCIAL SECURITY NO. 400-03-7719	17. INFORMANT	Jeon !!	atts		. :	
	EATH [Enter only one c	ause per line for (	(a) (b) and (c) Gunshot wou	nd in right	temp	le	· 🖟 .	ON ON	TERVAL BETWEEN SET AND DEATH
Conditions, it which gave ri above cause	fany, se to	DUE TO (b)_		i Parking		Ú.			
stating the ur lying couse la	der- st.	DUE TO (4)_		<b>X</b>					7.5
	UED CICKUITIC LAIT CC		TRIBUTING TO DEATH BUT NOT RE	HATED TO THE TERMINAL	DISEASE CON	IDITION GIVEN IN	PART I(a)		
PART II. OTI	HER SIGNIFICANT CC							YEST	S AUTOPSY PER RMED?
20s. ACCIDEN	T SUICIDE	HOMICIDE	206. DESCRIBE HOW INJURY OCC		WEXAS of	DEPARTMENT	OF HEA	YEST	RMED?
20s. ACCIDEN	SUICIDE	HOMICIDE	206. DESCRIBE HOW INJURY OCC		REC'	D FEB 8	1960	LTH	EMED?
20s. ACCIDEN	SUICIDE	HOMICIDE	206. DESCRIBE HOW INJURY OCK		REC'		1960	LTH	EMED?
206. ACCIDEN 206. ACCIDEN 206. TIME OF 1NJURY	T SUICIDE  SAL  Hour Month  a.m. p.m.  TURRED 20e, PLA	HOMICIDE	le.g., in or about home, farm, factory,	CURRED. (Enter nature of in	REC'I BUREAU	D FEB 8	1960 Statisti	LTH	EMED?
20s. ACCIDEN 20s. TIME OF INJURY 20s. INJURY OCC	Hour Month e.m. p.m. CURRED 20e, PLA	HOMICIDE  Day Year  CE OF INJURY et, office building.	le.g., in or about home, farm, factory,	CURRED. (Enter nature of in	REC'I BUREAU	OF VITAL	STATISTI	LTH CS	STATE
20a. ACCIDEN  20c. TIME OF  20d. INJURY OCC  20d. INJURY OCC  21.  1 heraby saryify  22a. SIGNATURE	T SUICIDE  TO Month  A.M.  D.M.  D.M.  DURRED  AT WORK  That J attended the deco	Day Year  NCE OF INJURY 1 office building.	[a.g., in or about home, farm, factory, etc.]	CURRED, (Enter nature of in	BUREAU  CATION  CATION  CATION  CATION  CATION  CATION	OF VITAL  COUNT  COUNT	STATISTI	LTH CS	STATE
20a. ACCIDEN 20a. INJURY OCC 20d. INJURY OCC World of  1. Heapty centify 27a. Signature HD2/1C 17	Hour Month a.m. p.m.  URRED 200, PLA street was a worke  that J attended the decorate	HOMICIDE  Dey Year  CE OF INJURY 1 office building.	(e.g., in or about home, farm, factory, etc.)  19. Death occurred etc.  19. Death occurred etc.  DATE	20f. CITY, TOWN, OR LOCAL TO A CONTROL OF COMETE CO	BUREAU  CATION  CATION	OF VITAL  COUNT  COUNT  COUNT  COUNT  COUNT  COUNT  COUNT  COUNT	STATISTI	YES CS	STATE  the deceased alive tire courses states  ATE SIGNED
20s. ACCIDEN  20s. ACCIDEN  20s. TIME OF  INJURY  20s. INJURY OCC  WORLD  21.  12.  12.  12.  12.  13.  13.  14.  15.  15.  16.  17.  17.  18.  18.  18.  18.  18.  18	Hour Month a.m. p.m. p.m. 200. FLA NOT WORKE 200. FLA Throughof the deco	HOMICIDE  Day Year  ICE OF INJURY  Let, office building,  eased from  Wacaa  (fy) 23b.	leag. in or about home, farm, factory, etc.	20f. CITY, TOWN, OR LO	BUREAU CATION  -20-30 be date stated  10, 2 RY OR CREM	COUNT	STATISTI	YES LTH CS nd last sew wledge, from 22c, Dr	STATE  the decessed after the coorse state ATE SIGNED
20s. ACCIDEN  20s. INJURY  20s. INJURY  20s. INJURY  21. Injury  22s. Signature  22s. Signature  22s. Signature  22s. Burial, Creman	How Month  a.m.  A	HOMICIDE  Day Year  ICE OF INJURY  Let, office building,  eased from  Wacaa  (fy) 23b.	leg. in or about home, farm, factory, etc.]  19. Dreft occurred etc.  19. Dreft occurred etc.  19. DATE  1 - 22 - 50	20f. CITY, TOWN, OR LOC  19	BUREAU  CATION  20-30  be date stated  10, 2  RY OR CREM  2nd M  PS SIGNATURE	COUNTY  whose and to the COUNTY  ATORY  CRACKET  COUNTY  CRACKET	STATISTI	YES CS	STATE  the decessed after the coorse state ATE SIGNED
20s. ACCIDEN 20s. ACCIDEN 20c. TIME OF 1MJURY 20d. INJURY OCC 20d. INJURY OCC 20d. INJURY OCC 27c. SIGNATURE 127c. SIGNATURE 1	How Month  a.m.  A	HOMICIDE Day Year  NCE OF INJURY   of, office balkling, essed froh  Wataa	(e.g., in or about home, farm, factory, etc.)  19 Death occurred at 1924 (Office or title)  DATE 1 - 22 - 50 (State)	20f. CITY, TOWN, OR LOC  10 10 10 10 10 10 10 10 10 10 10 10 10 1	BUREAU  CATION  -20-30  to date stated  -210, 02  RY OR CREM -2nd M  TS SIGNATURE	COUNTY  whose and to the COUNTY  ATORY  CRACKET  COUNTY  CRACKET	STATISTI	YES LTH CS nd last sew wledge, from 22c, Dr	STATE the decesser in the courses ATE SIGNED