

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1630 17

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

5617

1. PLACE OF DEATH a. COUNTY Bexar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Bexar	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) San Antonio		c. CITY (If outside corporate limits, write RURAL and give precinct no.) San Antonio	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Santa Rosa Hospital		d. STREET ADDRESS (If rural, give location) 201 Ira St.	
3. NAME OF DECEASED (Type or Print) a. (First) Harry		b. (Middle) T.	
		c. (Last) Ables	
		4. DATE OF DEATH February 8, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 4, 1884
9. AGE YEARS MONTHS DAYS 66 4 4		IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work dependent on most of working life, even if retired) Mgr. Builders Lumber Co.; Retail Lumber		10b. KIND OF BUSINESS OR INDUSTRY Terrell, Texas	
11. BIRTHPLACE (State or foreign country) Terrell, Texas			
12. FATHER'S NAME Harry Ables		BIRTHPLACE Texas	
13. MOTHER'S MAIDEN NAME Annie Terrell		BIRTHPLACE Texas	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		15. SOCIAL SECURITY NO. -----	
16. INFORMANT'S SIGNATURE <i>Henry Johnson</i>			
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the lung ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH 5 mo.	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		TEXAS DEPARTMENT OF HEALTH REC'D MAR 10 1951 BUREAU OF VITAL STATISTICS	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour)	20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. HOW DID INJURY OCCUR?	
21. I hereby certify that I attended the deceased from 9-11- 1946 , to 2-8-51 , 19 51 , that I last saw the deceased alive on 2-7- 1951 , and that death occurred at 7 a m., from the causes and on the date stated above.			
22a. SIGNATURE <i>L. B. Jones</i>		22b. ADDRESS <i>M. P. San Antonio, Texas</i>	
		22c. DATE SIGNED 2-9-51	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 10, 1951	
		23c. NAME OF CEMETERY OR CREMATORY San Jose Burial Park.	
23d. LOCATION (City, town, or county) (State) San Antonio Texas		24. FUNERAL DIRECTOR'S SIGNATURE Akers Funeral Home By: J. Fred Cop	
25a. REGISTRAR'S FILE NO. 507		25b. DATE REC'D BY LOCAL REGISTRAR FEB 9 1951	
		25c. REGISTRAR'S SIGNATURE <i>Stuart C. Fisher</i>	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE