STATE OF TEXAS 01-01-1 101-	<u> </u>	E OF DEATH ST	ed lived. If institution:	residence before add	mission)
. COUNTY Harris		.STATE Texas	F.COU		and the second second
b. CITY OR TOWN (If outside city limits, give precinct no.)	C. LENGTH OF STAY	c. City OR TOWN (If outside a	ity limits, give precinct	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Houston	60 yrs.	Houston	. a	* ****	
d. NAME OF (II not in hospital, give street address)		d. STREET ADDRESS (If rural, give location)			
HOSPITAL OR INSTITUTION 221 DELINA C+	14.	.231 Dela		And with the second	A CONTRACTOR
o. IS PLACE OF DEATH INSIDE CITY LIMITS?		e. IS RESIDENCE INSIDE CITY		I. IS RESIDENCE O	N A FARM?
YES T	№П	YES-[2]	МОП	VICO	une1
NAME OF (a) First	(b) Middle		DATE OF DEATH	YES	C3g/N
(Type or print) GLENN			**************************************	0 1060	
SEX 6. COLOR OR RACE 7.	C.	MYATT 18. DATE OF BIRTH	19. AGE Ilo vears	9. 1969 LIF UNDER 1 YEA	R IF UNDER 24 HRS
	Married Never Married		last birthday)	Months Days	Hours Minutes
Male White On USUAL OCCUPATION (Give kind of work done) 10b. KIND OF	RICINECS OF INDUSTRY	July 9, 1897.	1 72	12 CITIZEN OF	WHAT COUNTRY?
during most of working life, even if retired)			11	2.5 % -	3. 4.59
Prof.Baseball Player Baseball		Arkansas	<u> </u>	USA	i material de de 1894
Y PATHEK 2 NAME		14. MOTHER'S MAIDEN NAME			
Louis Myatt		Carrie Terry			<u> </u>
(es, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		41	
Yes World War 1 46	1-01-5378 A	1 More dell	ella 73	ryals	t
18. CAUSE OF DEATH (Foles columns seems for fal.					
CALIFORNIA DE MENTALEMENTALEMENTALEMENTO	(b), and (c).)				ONSET AND DEATH
TEXAS DEPARTMENT OF HEALTH	cardiovascular	accident			
Immediate or pacify	cardiovascular	accident	· ·		ONSET AND DEATH
REGO AUG 25 1869	cardiovascular	accident			ONSET AND DEATH
RECORDINA UG V25 1869	cardiovascular	accident	· · · · · · · · · · · · · · · · · · ·		ONSET AND DEATH
REGUE AU 0 25 1869	cardiovascular	accident			ONSET AND DEATH
RECORDINALISMO 25 1869 above cause (a). stating the under VITAL STATISTICS BUREAU 9 VITAL STATISTICS			Ondition given in		4 Weeks
RECORDINALISMO 25 1869 above cause (a). stating the under VITAL STATISTICS BUREAU 9 VITAL STATISTICS			ONDITION GIVEN IN	PART I(a) 19	4 Weeks
RECORDINATION 25 1969 Show cause (a). BUREAU OF VITAL STATISTICS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RE			PART I(a) 19	4 Weeks
RECORDINATION 25 1969 Show cause (a). BUREAU OF VITAL STATISTICS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RE	ATED TO THE TERMINAL DISEASE CO		PART I(a) 19	4 Weeks
RECORDINATION 25 1969 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED CO. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED CO. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED CO. (c) D D D D	UTING TO DEATH BUT NOT RE	ATED TO THE TERMINAL DISEASE CO		PART I(a) 19	4 Weeks
RECORDINALISTS 1869 above cause (a). BUREAU OF VITAL STATISTICS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT SUICIDE HOMICIDE 20b. CONTRIBUTE OF Hour Month Day Year INJURY a.m.	UTING TO DEATH BUT NOT RE	ATED TO THE TERMINAL DISEASE CO		PART I(a) 19	4 Weeks V. WAS AUTOPSY PERFORMED?
RECORDINATION 25 1869 above cause (a). stating the under VITAL STATISTICS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT SUICIDE HOMICIDE 20b. 20c. TIME OF Hour Month Day Year INJURY a.m. p.m.	UTING TO DEATH BUT NOT REL DESCRIBE HOW INJURY OCC	ATED TO THE TERMINAL DISEASE CO URRED, (Enter asturo of injury in Part I	or Part It of Item 18.)	PART I(a)	4 Weeks
RECUPLINAL GY 25 1869 BUNEAU OF VITAL STATISTICS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT SUICIDE HOMICIDE 20b. 10	DESCRIBE HOW INJURY OCC	ATED TO THE TERMINAL DISEASE CO		PART I(a)	Weeks Was autopsy per Formed? YES NOS
RECOGNITION OF THOSE STREET OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO CONTRIBUTE OF THOSE STREET OF THOSE STREET OF THOSE STREET, Office building, etc.	UTING TO DEATH BUT NOT REL DESCRIBE HOW INJURY OCC in or about home, farm, factory, 2	ATED TO THE TERMINAL DISEASE CO URRED, (Enter asturo of injury in Part I OF, CITY, TOWN, OR LOCATION	or Perf II of Item 18.]	PART I(a)	WAS AUTOPSY PERFORMED? YES NOWS
RECUPLINATION 25 1869 RECUPLINATION 25 1869 BUREAU G. VITAL STATISTICS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT SUICIDE HOMICIDE 20b. 20c. TIME OF Hour Month Day Year INJURY a.m. p.m. 20d. INJURY OCCURRED 20a. PLACE OF INJURY le.g. where AT AT WORKE 121. 21. I hereby certify that I attended the deceased from	DESCRIBE HOW INJURY OCC.	URRED, (Enter asture of injury in Part I	or Perf II of Item 18.] COUNTY	19 and las	Weeks Was autopsy performed? YES NOWS STATE
RECORDINATION 25 1869 above cause (a). Islating the under VITAL STATISTICS BUREAU G. VITAL STATISTICS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT SUICIDE HOMICIDE 20b. 20c. TIME OF Hour Month Day Year INJURY a.m. p.m. 20d. INJURY OCCURRED 20a. PLACE OF INJURY [e.g., street, office building, etc. work at work a	DESCRIBE HOW INJURY OCC. in or about home, farm, factory, 2 /3/66 Death occurred at 1	URRED, (Enter asture of injury in Part I Of. CITY, TOWN, OR LOCATION 10. 2.10 8. m. on the date state	or Perf II of Item 18.] COUNTY	I PART I(a) 19	ONSET AND DEATH 14 WEEKS 1. WAS AUTOPSY PERFORMED? YES [] NOW STATE It saw the deceased all of from the causes state
RECORDINATION 25 1869 RECORDINATION 25 1869 BUREAU G. VITAL STATISTICS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT SUICIDE HOMICIDE 20b. 20c. TIME OF Hour Month Day Year INJURY a.m. p.m. 20d. INJURY OCCURRED 20o. PLACE OF INJURY [e.g. street, office building, etc. 21. 1 hereby cartify that I attended the deceased from	in or about home, farm, factory. 2 //3/66 Death occurred at 12 [Degree or title]	URRED, (Enter nature of injury in Part I Of. CITY, TOWN, OR LOCATION 2.19 10 10 7/31/69 2.10 10 m. on the date state	COUNTY	PART I(a) 19 19 and last best of my knowledg	ONSET AND DEATH 4 WEEKS ON WAS AUTOPSY PERFORMED? YES [] NOW STATE It saw the deceased all of, from the causes state 2c. DATE SIGNED
REGISTION ALIGN 25 1869 REGISTION ALIGN 25 1869 BUREAU G. VITAL STATISTICS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT SUICIDE HOMICIDE 20b. 20c. TIME OF Hour Month Day Year INJURY a.m. p.m. 20d. INJURY OCCURRED 20a. PLACE OF INJURY le.g. where AT AT WORK 121. 21. I hereby certify that I attended the deceased from 19. 22a. SIGNATURE 19.	UTING TO DEATH BUT NOT REI DESCRIBE HOW INJURY OCC in or about home, farm, factory, 2 //3/66 Death occurred at 1 [Degree or title]	URRED. (Enter asture of injury in Part I Of. CITY. TOWN, OR LOCATION 2.10 a. m. on the date state 2b. ADDRESS 810 Caroline, I	COUNTY d sbove, and to the l	PART I(a) 19 19 and last best of my knowledg	ONSET AND DEATH 14 WEEKS 1. WAS AUTOPSY PERFORMED? YES [] NOW STATE It saw the deceased all of from the causes state
RECORDINATION 25 1869 BUNEAU G. VITAL STATISTICS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 200. ACCIDENT SUICIDE HOMICIDE 206. 200. TIME OF Hour Month Day Year INJURY a.m. p.m. 200. INJURY OCCURRED 200. PLACE OF INJURY [e.g. street, office building, etc. where at work	DESCRIBE HOW INJURY OCC. in or about home, farm, factory. 2 /3/66 Death occurred at [Degree or title] M. D.	URRED, (Enter nature of injury in Part I OI. CITY, TOWN, OR LOCATION 2.19 10 10 m. on the date state 2b. ADDRESS 810 Caroline, 1 23c. NAME OF CEMETERY OR CRE	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	PART I(a) 19 19 and las best of my knowledg	ONSET AND DEATH 4 WEEKS O WAS AUTOPSY PERFORMED? YES [] NOW STATE t saw the deceased all o, from the causes state 2c. DATE SIGNED
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RECEPTINA LIGIT 25 1869 BUNEAU OF VITAL STATISTICS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT SUICIDE HOMICIDE 20b. 20c. TIME OF Hour Month Day Year INJURY a.m. P.m. 20d. INJURY OCCURRED 20a. PLACE OF INJURY [a.g. where AT AT WORK 12 AT WORK 13 AT WORK 14 AT WORK 14 AT WORK 15 AT WORK 16 AT WORK 15 AT WORK	DESCRIBE HOW INJURY OCC. in or about home, farm, factory. 2 /3/66 Death occurred at [Degree or title] M. D.	URRED, (Enter nature of injury in Part I OI. CITY, TOWN, OR LOCATION 2.19 10 10 m. on the date state 2b. ADDRESS 810 Caroline, 1 23c. NAME OF CEMETERY OR CRE	COUNTY COUNTY COUNTY COUNTY Couston, Tematory County C	PART I(a) 19 19 and las best of my knowledger Pex.	WAS AUTOPSY PER FORMED? YES NOW! STATE It saw the deceased all of from the causes state 2c. DATE SIGNED 8/13/69
RECOGNITION OF THE PROPERTY OF	UTING TO DEATH BUT NOT REI DESCRIBE HOW INJURY OCC in or about home, farm, factory, 2 /3/66 Death occurred at 2 M.D. TEJ	URRED. (Enter nature of injury in Part I Of. CITY. TOWN, OR LOCATION 2.19 10. 2. 10. 2. m. on the date state 2b. ADDRESS 810 Caroline, 1 23c. NAME OF CEMETERY OR CRI Forest Park Lawn 24, FUNERAL DIRECTOR'S SIGNATU	COUNTY COUNTY COUNTY COUNTY Couston, I	PART I(a) 19 19 and las best of my knowledg	VAS AUTOPSY PERFORMED? YES NOW STATE It saw the deceased all of from the causes state 2c. DATE SIGNED 8/13/69
RECIPITE ALLOY 25 1969 above cause (a). BUREAU OF VITAL STATISTICS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT SUICIDE HOMICIDE 20b. 20c. TIME OF Hour Month Day Year INJURY a.m. P.J. 20d. INJURY OCCURRED 20a. PLACE OF INJURY [e.g. street, office building, etc. work at wo	in or about home, farm, factory. 2 //3/66 Death occurred at 1 [Degree or title] M.D. TEL (State)	URRED. (Enter nature of injury in Part I Of. CITY. TOWN, OR LOCATION 2.19 10 7/31/69 2.10 a. m. on the date state 2b. ADDRESS 810 Caroline, 1 123c. NAME OF CEMETERY OR CRI	COUNTY COUNTY COUNTY COUNTY Couston, I	PART I(a) 19 19 and las best of my knowledger Pex.	VAS AUTOPSY PERFORMED? YES NOW STATE It saw the deceased all of from the causes state 2c. DATE SIGNED 8/13/69