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TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

E9760 49

STATE OF TEXAS

STATE FILE NO.

45896

1. PLACE OF DEATH a. COUNTY <b>Dallas</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>Dallas</b>		
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <b>Dallas</b>			c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <b>Dallas</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>2712xxMx Parkland Hosp.</b>			d. STREET ADDRESS (If rural, give location) <b>2712 Meadow St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Earley</b>		b. (Middle) <b>Rufus</b>		c. (Last) <b>Boyd</b>	
4. DATE OF DEATH <b>Sept. 21st, 1951</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Mar. 26th, 1906</b>	9. AGE YEARS MONTHS DAYS <b>45 5 25</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tempco Air Craft Plant</b>		11. BIRTHPLACE (State or foreign country) <b>Texas</b>	
12. FATHER'S NAME <b>William R Boyd</b>		BIRTHPLACE <b>Mississippi</b>		13. MOTHER'S MAIDEN NAME <b>Lilly A Vada</b>	
BIRTHPLACE <b>Mississippi</b>					
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		15. SOCIAL SECURITY NO. <b>465-20-1392</b>		16. INFORMANT'S SIGNATURE <i>Miss Earley Boyd</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, asphyxia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gun shot wounds of head.</b>					
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.					
18a. DATE OF OPERATION <b>9-21-51</b>		18b. MAJOR FINDINGS OF OPERATION <b>Bleeding in upper trachea</b>			
20a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		20c. CITY, TOWN, OR PRECINCT NO. (COUNTY) (STATE) <b>Dallas Dallas Texas</b>	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9-21-51 1:35 P.M.</b>		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. HOW DID INJURY OCCUR? <b>Self inflicted G.S.W. head.</b>	
21. I hereby certify that I attended the deceased from <b>9-21</b> , 1951, to <b>9-21</b> , 1951, that I last saw the deceased alive on <b>9-21</b> , 1951, and that death occurred at <b>3:35 P.M.</b> , from the causes and on the date stated above.					
22a. SIGNATURE <i>James B. Smith</i>		(Dr. or title)		22b. ADDRESS <b>M.D. Parkland Hosp</b>	
22c. DATE SIGNED <b>9-21-51</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>&amp; Burial &amp; Removal</b>		23b. DATE <b>9-23-51</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Edom Texas Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Edom Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>McKamy-Ingram-Batchler</b>			
25a. REGISTRAR'S FILE NO. <b>3572</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>Sept. 22, 1951</b>		25c. REGISTRAR'S SIGNATURE <i>Robb Bryant</i>	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

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