

250-01-1 250-01

CERTIFICATE OF DEATH

E977X 49
STATE FILE NO.

20182

1. PLACE OF DEATH a. COUNTY WOOD			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE TEXAS			b. COUNTY WOOD			
b. CITY OR TOWN (If outside city limits, give precinct no.) MINEOLA			c. LENGTH OF STAY in 1 b. 25 Yrs.			c. CITY OR TOWN (If outside city limits, give precinct no.) MINEOLA			
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 1032 N. PACIFIC, ST.			d. STREET ADDRESS (If rural, give location) 1032 N. PACIFIC, ST.						
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 HARRY			(b) Middle SIDNEY			(c) Last MILLER			
5. SEX MALE			6. COLOR OR RACE WHITE			7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			
8. DATE OF BIRTH APRIL 7, 1909			9. AGE (In years last birthday) 52			IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER			10b. KIND OF BUSINESS OR INDUSTRY DEPARTMENT STORE			11. BIRTHPLACE (State or foreign country) FT. SMITH ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME WALTER B. MILLER			14. MOTHER'S MAIDEN NAME SARAH L. GRISCOM						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. 2			16. SOCIAL SECURITY NO. 450-50-0201			17. INFORMANT <i>Mrs Virginia Miller</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) Slashing of throat with sharp sharp Instrument 5 Minute A past board box opener Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____								INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Self Inflicted with sharp box opener						
20c. TIME OF INJURY Hour 7:50 a.m. 306 Month 3 Day 28 Year 62			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) HOME			20f. CITY, TOWN, OR LOCATION MINEOLA
20g. COUNTY WOOD			20h. STATE TEXAS						
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____ and last saw the deceased alive on Inquest 3-28-62 19 62 . Death occurred at 7/50 A m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>H. H. Carlisle</i>			(Degree or title) JP.			22b. ADDRESS Box 135 RT 2 Mineola, Texas		22c. DATE SIGNED 3-31-1962	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			23b. DATE MARCH 29, 1962			23c. NAME OF CEMETERY OR CREMATORY ROSELAWN MOMERIAL GARDENS			
23d. LOCATION (City, town, or county) MINEOLA			(State) WOOD TEXAS			24. FUNERAL DIRECTOR'S SIGNATURE RUSSELL B. MCGEE #3437			
25a. REGISTRAR'S FILE NO. 15			25b. DATE REC'D BY LOCAL REGISTRAR March 31-1962			25c. REGISTRAR'S SIGNATURE <i>H. H. Carlisle</i>			

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58

TEXAS DEPARTMENT OF HEALTH
REC'D. APR 4 1962
BUREAU OF VITAL STATISTICS