

AMENDMENT TO MEDICAL CERTIFICATION OF CERTIFICATE OF DEATH

TEXAS DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

0291-74-0118

PART I. INFORMATION CONCERNING DECEASED AS SHOWN ON ORIGINAL DEATH CERTIFICATE

NAME OF DECEASED Charles Ray Brown	DATE OF DEATH Found dead on February 9, 1974, at 7:30 p.m.
PLACE OF DEATH Dallas, Dallas, Texas	STATE FILE NO. (IF KNOWN)

PART II. MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Hypertensive Cardiovascular Disease**

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) **Chronic pyelonephritis**

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 PER-
FORMED?
YES ☒ NO ☐

20a. ~~XXXXXXXXXXXXXXXXXXXX~~

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

NATURAL CAUSES ☐

20c. TIME OF INJURY
Hour Month Day Year
a.m.
p.m.

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20d. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I hereby certify that I attended the deceased from **Inquest held on February 10, 1974**, 19____ and last saw the deceased alive on _____, 19____. Death occurred at **XXXXXXXXXX** m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Charles Ray

Chief Medical Examiner

22b. ADDRESS

P. O. Box 35728, Dallas, Texas 75235

22c. DATE SIGNED

2/28/74

PART III. AFFIDAVIT

STATE OF TEXAS

COUNTY OF **Dallas**

BEFORE ME ON THIS DAY APPEARED THE PERSON WHO SIGNED THE MEDICAL CERTIFICATION IN PART II ABOVE WHO ON OATH DEPOSES AND SAYS THAT PART II ABOVE IS A TRUE AND CORRECTED STATEMENT OF THE CAUSE(S) OF DEATH OF THE PERSON NAMED IN PART I ABOVE.

SIGNATURE OF AFFIANT

Charles Ray

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE **28** DAY OF **February**, **1974**.

Betty J. Jones
Dallas COUNTY, TEXAS

NOTARY PUBLIC
IN AND FOR

VS - 174, REV. 1/60

1137-A