STATE OF TEXAS 052-01-1 052-01 **CERTIFICATE OF DEATH** 966X STATE FILE NO. **76178**

1. PLACE OF DEATH a. COUNTY: Dallas	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: Texas b. COUNTY: Dallas
b. CITY OR TOWN (If outside city limits, give precinct no.): Dallas — c. LENGTH OF STAY in Lb.: 18 yrs.	c. CITY OR TOWN (If outside city limits, give precinct no.): Dallas
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 3922 Simpson #241	d. STREET ADDRESS (If rural, give location): 3922 Simpson #241
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]	e. IS RESIDENCE INSIDE CITY LIMITS? YES [XX] NO [ ] — f. IS RESIDENCE ON A FARM? YES [ ] NO [XX]
3. NAME OF DECEASED (Type or print) (a) First: Vivian (b) Middle: Jeanette (c) Last: Thompson	4. DATE OF DEATH: October 25, 1978
5. SEX: Female — 6. COLOR OR RACE: Negro — 7. Married [ ] Never Married [XX] Widowed [ ] Divorced [ ]	8. DATE OF BIRTH: 3-26-1960 — 9. AGE (In years last birthday): 18 — 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): Dietary — 10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Texas — 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: L. B. Thompson	14. MOTHER'S MAIDEN NAME: Jennie L. Bean
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO: 452-19-8335	17. INFORMANT: Hollis Bean

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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): Multiple stab wounds — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):

DUE TO (c):

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 [XX] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [XX] — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Stabbed by assailant or assailants unknown.

20c. TIME OF INJURY: UNKNOWN — Hour a.m. — Month 10 — Day 25 — Year 78

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20d. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [XX] — 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.): Residence — 20f. CITY, TOWN, OR LOCATION: Dallas — COUNTY: Dallas — STATE: Texas

21. I hereby certify that I attended the deceased from Inquest Held 10/25 19 78 to _____ 19__ and last saw the deceased alive on _____ 19__ Death occurred at 8:20am m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L E Norton, M D (Degree or title): Medical Examiner	22b. ADDRESS: P.O. Box 35728 Dallas, TX 75235	22c. DATE SIGNED: 10/25/78
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 23b. DATE: 10-29-1978	23c. NAME OF CEMETERY OR CREMATORY: Session Cemetery	
23d. LOCATION (City, town, or county): Woodville, (State): Texas	24. FUNERAL DIRECTOR'S SIGNATURE: Pinkston's Mortuary A. R. Pinkston	
25a. REGISTRAR'S FILE NO.: 7934 — 25b. DATE REC'D BY LOCAL REGISTRAR: OCT 30 1978	25c. REGISTRAR'S SIGNATURE: Johnnie P. Willis	

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