

63100

1. PLACE OF DEATH a. COUNTY <b>TARRANT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>TEXAS</b>		b. COUNTY <b>TARRANT</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Fort Worth</b>		c. LENGTH OF STAY in 1 b. <b>Unknown</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Fort Worth</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>D.O.A. John Peter Smith Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3037-B Briery</b>			
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 <b>ENNIS</b> (b) Middle <b>WASHINGTON</b> (c) Last			4. DATE OF DEATH <b>November 15, 1975</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-25-25</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Disabled Veteran</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S Marines</b>		11. BIRTHPLACE (State or foreign country) <b>Tyler, Texas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13. FATHER'S NAME <b>Sammie Washington</b>		
14. MOTHER'S MAIDEN NAME <b>Veola (Unknown)</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>W.W II</b>		
16. SOCIAL SECURITY NO. <b>453-30-9181</b>			17. INFORMANT <b>Shirley Washington Miller</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) <b>SHOCK,</b> <b>NOV 28 1975</b> <b>MASSIVE INTRACRANIAL HEMORRHAGE, CEREBRAL CONTUSION,</b> <b>GUNSHOT WOUND OF HEAD.</b>					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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>Shot by another person.</b>			
20c. TIME OF INJURY <b>4:30 p.m.</b>		Hour Month Day Year <b>Nov. 15, 1975</b>			
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.) <b>804 Loney St. (in Yard)</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Fort Worth Tarrant Texas</b>	
21. I hereby certify that I attended the deceased from <b>INQUEST</b> on <b>November 15, 1975</b> Death occurred at <b>4:54 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Ferish Gwozdz</b>		22b. ADDRESS <b>FELT'S GWOZDZ, M.D., CHIEF MEDICAL EXAMINER 1062 W. CYNOLIA, FORT WORTH</b>		22c. DATE SIGNED <b>11/18/75</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-22-75</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Louis Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Tyler</b>		(State) <b>Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>DAVIS FUNERAL HOME Louis Mitchell</b>	
25a. REGISTRAR'S FILE NO. <b>3809</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>NOV 18 1975</b>		25c. REGISTRAR'S SIGNATURE <b>Keith S. Braddock</b>	

TEXAS DEPARTMENT OF HEALTH RESOURCES - BUREAU OF VITAL STATISTICS

E 965X

VS-112, REV. 1/58