

STATE OF TEXAS

101-01-1-101-01

CERTIFICATE OF DEATH

STATE FILE NO

37136

Texas Department of Health - BUREAU OF VITAL STATISTICS

1 NAME OF DECEASED [Type or print] Angela Sue Valderrama			2 SEX Female		3 DATE OF DEATH May 17, 1982 found								
4 RACE Caucasian		5a WAS THE DECEDENT OF SPANISH ORIGIN? No		5b IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		6 DATE OF BIRTH 5-31-56		7 AGE [In years last birthday] 25		IF UNDER 1 YEAR Months Days Hours Minutes		IF UNDER 24 HRS Hours Minutes	
8a PLACE OF DEATH - COUNTY Harris			8b CITY OR TOWN [If outside city limits, give precinct no.] Houston			8c NAME OF [If not in hospital, give street address] HOSPITAL OR INSTITUTION 10909 Gulf Freeway #2311			8d INSIDE CITY LIMITS? Yes				
9 MARRIED NEVER MARRIED, WIDOWED, DIVORCED [Specify] Married		10 BIRTHPLACE [State or foreign country] Texas		11 CITIZEN OF WHAT COUNTRY? USA		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? No		13 SURVIVING SPOUSE [If wife, give maiden name] Jaime Valderrama					
14 SOCIAL SECURITY NO 459-15-5452			15a USUAL OCCUPATION [Give kind of work done during most of working life, even if retired] Secretary				15b KIND OF BUSINESS OR INDUSTRY Energy						
16a RESIDENCE - STATE Texas		16b COUNTY Harris		16c CITY OR TOWN [If outside city limits, show rural] Houston		16d STREET ADDRESS [If rural, give location] 10909 Gulf Frwy. #2311			16e INSIDE CITY LIMITS? Yes				
17 FATHER'S NAME Delroy Russell				18 MOTHER'S MAIDEN NAME Mildred Folsom				19 SIGNATURE OF INFORMANT <i>Jaime Valderrama</i>					
20 PART I IMMEDIATE CAUSE [Enter only one cause per line for (a), (b), (c)]												Interval between onset and death	
(a) Gunshot wound of the chest, contact type.												Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF												Interval between onset and death	
(b) _____												Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF												Interval between onset and death	
(c) _____												Interval between onset and death	
20 PART II OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)										21 AUTOPSY? Yes			
22a ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST [Specify] Suicide			22b DATE OF INJURY [Mo., Day, Yr.] 5-17-82		22c HOUR OF INJURY UNK. M		22d DESCRIBE HOW INJURY OCCURRED Shot.						
22e INJURY AT WORK [Specify yes or no] No		22f PLACE OF INJURY - At home, farm, street, factory, office building, etc. [Specify] #2311 10909 Gulf Freeway			22g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE Harris Houston Texas								
23a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated [Signature and Title] TEXAS DEPARTMENT OF HEALTH REC'D JUN 11 1982 BUREAU OF VITAL STATISTICS												24a On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) stated [Signature and Title] <i>Martha Mattioli</i> Martha Mattioli, M.D. Assistant Medical Examiner.	
23b DATE SIGNED [Mo., Day, Yr.] MAY 27, 1982						23c HOUR OF DEATH UNK. M			24b DATE SIGNED [Mo., Day, Yr.] 5-21-82			24c HOUR OF DEATH UNK. M	
23d NAME OF ATTENDING PHYSICIAN [Type or print]						24d PRONOUNCED DEAD [Mo., Day, Year] ON 5-17-82 found			24e PRONOUNCED DEAD [Hour] AT 5-17-82 found				
25a BURIAL, CREMATION, REMOVAL [Specify] Removal				25b DATE May 18, 1982		25c NAME OF CEMETERY OR CREMATORY Pilgrim Rest #2 Cemetery							
25d LOCATION [City, town, or county] [State] Alba Texas				26 SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING IN SUCH CAPACITY <i>Robert L. Carthman</i> EARTHMAN FUNERALS									
27a REGISTRAR'S FILE NO. 6214				27b DATE REGISTERED MAY 27, 1982				27c SIGNATURE OF LOCAL REGISTRAR <i>Redwood</i>					

VS-112, REV. 1/80

MAY 26 1982

347