

1. PLACE OF DEATH a. COUNTY <del>XXXXXX</del> <u>Wood</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>Wood</u>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <u>Winnboro</u>		c. CITY OR TOWN (If outside city limits, give precinct no.) <u>Winnboro</u>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <u>711 Elm</u>		d. STREET ADDRESS (If rural, give location) <u>711 Elm</u>	
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) Shantha Rena Wells		4. DATE OF DEATH 12-26-66	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-6-66
9. AGE (In years last birthday) 20		10. IF UNDER 24 HRS. Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Willie Mae Wells	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. None	
17. INFORMANT Willie Mae Wells			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) IMMEDIATE CAUSE (a) <u>Pneumonia</u> DUE TO (b) <u>Found dead in bed</u> DUE TO (c) _____			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Hour Month Day Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
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 <u>12-26</u> 19 <u>66</u> to <u>12-26</u> 19 <u>66</u> and last saw the deceased alive on <u>12-26</u> 19 <u>66</u> . Death occurred at <u>11:00 A</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C. R. K. K. K. K. K.</u>		22b. ADDRESS <u>Winnboro Tex</u>	
22c. DATE SIGNED <u>1-5-67</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-26-66</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>MS Lee</u>		23d. LOCATION (City, town, or county) <u>Winnboro Texas</u>	
23e. REGISTRAR'S FILE NO. <u>2</u>		23f. DATE REC'D BY LOCAL REGISTRAR <u>1-9-1967</u>	
23g. REGISTRAR'S SIGNATURE <u>Grace Stallman</u>			

TEXAS DEPARTMENT OF HEALTH -- BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION  
VS-112, REV. 1/58