152-01-1 152-01 E981X 50

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO. 11482

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

(Twin)

1. PLACE OF DEATH
a. COUNTY: Lubbock
b. CITY OR TOWN (If outside city limits, give precinct no.): Lubbock
c. LENGTH OF STAY in 1 b.: 18 Yrs,
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 1904 Birch Ave.
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Texas
b. COUNTY: Lubbock
c. CITY OR TOWN (If outside city limits, give precinct no.): Lubbock
d. STREET ADDRESS (If rural, give location): 1911 Ave. B
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (Type or print): (a) First: John (b) Middle: Hanie (c) Last: Blaylock
4. DATE OF DEATH: 2/3/60
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 12/19/ 1914
9. AGE (In years last birthday): 45
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): Bell hop
10b. KIND OF BUSINESS OR INDUSTRY: hotel
11. BIRTHPLACE (State or foreign country): Bastrop Co., Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jim Blaylock
14. MOTHER'S MAIDEN NAME: Susia Henderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 452-12-6200
17. INFORMANT: Andy Blaylock

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): Internal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: None
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 [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [X]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.): Shot with revolver [illegible]
20c. TIME OF INJURY: Hour 1:50 a.m. p.m. Month 2 Day 3 Year 60
20d. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.): 1904 Birch
20f. CITY, TOWN, OR LOCATION: Lubbock COUNTY: Lubbock STATE: Texas

TEXAS DEPARTMENT OF HEALTH
REC'D FEB 26 1960
BUREAU OF VITAL STATISTICS

21. I hereby certify that I ~~attended the deceased from~~ 19__ to 19__ and last saw the deceased alive on 2-3- 1960. Death occurred at 1:50 a m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Geo. Ann Clark J.
22b. ADDRESS: Lubbock, Tex.
22c. DATE SIGNED: 2/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/7/60
23c. NAME OF CEMETERY OR CREMATORY: City of Lubbock Cemetery
23d. LOCATION (City, town, or county): Lubbock (State): Texas
24. FUNERAL DIRECTOR'S SIGNATURE: [illegible signature]
25a. REGISTRAR'S FILE NO.: 119
25b. DATE REC'D BY LOCAL REGISTRAR: FEB 8 1960
25c. REGISTRAR'S SIGNATURE: Lavenia Lowe By: A.L.C.

VS-112, REV. 1/58