

MAR 5 1980

VS-112, REV. 1/80

Texas Department of Health - BUREAU OF VITAL STATISTICS

STATE OF TEXAS				CERTIFICATE OF DEATH				STATE FILE NO. 18046					
1. NAME OF DECEASED (Type or print) Robert K. Banks Jr.				2. SEX Male		3. DATE OF DEATH (found) February 27, 1980							
4. RACE Caucasian		5a. WAS THE DECEDENT OF SPANISH ORIGIN? No		5b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		6. DATE OF BIRTH 4/8/1949		7. AGE (In years last birthday) 30		IF UNDER 1 YEAR Months Days 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 2918 Hepburn				8d. INSIDE CITY LIMITS? Yes					
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		10. BIRTHPLACE (State or foreign country) California		11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? No		13. SURVIVING SPOUSE (If wife, give maiden name)					
14. SOCIAL SECURITY NO. UN/NO W N		15a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk				15b. KIND OF BUSINESS OR INDUSTRY Oil Company							
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) 2918 Hepburn				16e. INSIDE CITY LIMITS? Yes			
17. FATHER'S NAME Robert K. Banks Sr.				18. MOTHER'S MAIDEN NAME Claire Douglass				19. SIGNATURE OF INFORMANT R. E. Banks					
20. PART I CAUSE OF DEATH Conditions, if any, which gave rise to immediate cause stating the underlying cause last		20. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), (c))								Interval between onset and death			
		(a) Asphyxia due to strangulation by ligature. DUE TO, OR AS A CONSEQUENCE OF:								Interval between onset and death			
		(b) DUE TO, OR AS A CONSEQUENCE OF:								Interval between onset and death			
		(c) DUE TO, OR AS A CONSEQUENCE OF:								Interval between onset and death			
21. 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) Homicide		22b. DATE OF INJURY (Mo., Day, Yr.) found		22c. HOUR OF INJURY Unk. M.		22d. DESCRIBE HOW INJURY OCCURRED Strangled.							
22e. INJURY AT WORK (Specify yes or no) No		22f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 2918 Hepburn				22g. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE Houston Harris 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) <b>TEXAS DEPARTMENT OF HEALTH</b> <b>REC'D MAR 27 1980</b> <b>BUREAU OF VITAL STATISTICS</b> NAME OF ATTENDING PHYSICIAN (Type or print)		23b. DATE SIGNED (Mo., Day, Yr.)				23c. HOUR OF DEATH				23d. DATE SIGNED (Mo., Day, Yr.)		23e. HOUR OF DEATH	
		3-5-80				found M.				found M.			
		24d. PRONOUNCED DEAD (Mo., Day, Year) ON 2-27-80				24e. PRONOUNCED DEAD (Hour) Atfound M.							
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		25b. DATE 3/4/ 1980		25c. NAME OF CEMETERY OR CREMATORY Brookside Memorial Park Crematory									
25d. LOCATION (City, town, or county) Houston		25e. (State) Texas		26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Guillen & Sons #5909									
27a. REGISTRAR'S FILE NO. 2094		27b. DATE REC'D BY LOCAL REGISTRAR MAR. 7, 1980		27c. SIGNATURE OF LOCAL REGISTRAR R. S. Wink									