152-01-1 152-01 E981X 50

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO. 11481

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

Twins

1. PLACE OF DEATH

a. COUNTY: Lubbock

b. CITY OR TOWN (If outside city limits, give precinct no.): Lubbock

c. LENGTH OF STAY in Lb.: 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): 1708 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: Edie (b) Middle: Mamie (c) Last: Blaylock

4. DATE OF DEATH: 2/3/60

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married [ ] Never Married [X] 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., Tex.

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.:

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: a Hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c):

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

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 in back with revolver

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

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): [signature] M.D.

22b. ADDRESS: Courthouse Lubbock

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) (State): Lubbock Texas

24. FUNERAL DIRECTOR'S SIGNATURE: [signature]

25a. REGISTRAR'S FILE NO.: 120

25b. DATE REC'D BY LOCAL REGISTRAR: FEB 8 1960

25c. REGISTRAR'S SIGNATURE: Lavenia Lowe By: A.R.L.

VS-112, REV. 1/58