

10.00

STATE OF TEXAS *220-01-1 220-01* CERTIFICATE OF DEATH *E950.3 67* STATE FILE NO. *70009*

1. PLACE OF DEATH a. COUNTY <b>Tarrant</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b>		b. COUNTY <b>Tarrant</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Fort Worth</b>		c. LENGTH OF STAY in l b. <b>31 years</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Fort Worth</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>1105 Gounah</b>		d. STREET ADDRESS (If rural, give location) <b>1105 Gounah</b>			
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) (e) First <b>ROBERT</b>			(b) Middle <b>MONROE</b>		
(c) Last <b>NORRIS</b>			4. DATE OF DEATH <b>Found - September 15, 1974</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <b>November 25, 1923</b>		9. AGE (In years last birthday) <b>50</b>		IF UNDER 1 YEAR Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Custodian</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>		11. BIRTHPLACE (State or foreign country) <b>West Virginia</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Joe M. Norris</b>		14. MOTHER'S MAIDEN NAME <b>Madie Mathine</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		(If yes, give war or dates of service) <b>W. W. II</b>		16. SOCIAL SECURITY NO. <b>234-28-3313</b>	
17. INFORMANT <b>Mr. Tony G. Johnson-by records of</b>		18. CAUSE OF DEATH (Enter only one cause, or limit for (b), (c), and (d).) <b>Occlusive coronary arteriosclerosis.</b>			
IMMEDIATE CAUSE (a) <b>RECD SEP 27 1974</b>		DUE TO (b)		INTERVAL BETWEEN ONSET AND DEATH	
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) <b>Pending toxicological studies. Post mortem changes of approximately 2 days duration.</b>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> / NO <input type="checkbox"/>		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.) <b>Incision</b>		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 on <b>September 15, 1974</b> Found <b>4:00 p.</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Felix Gwozdz</i>		(Degree or title) <b>FELIKS GWOZDZ, M.D.</b>		22b. ADDRESS <b>1062 W. MAGNOLIA, FORT WORTH</b>	
22c. DATE SIGNED <b>9-17-74</b>		23. CHIEF MEDICAL EXAMINER			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>September 18, 1974</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Fort Worth</b>		(State) <b>Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <i>James C. Dawson #6637</i>	
25a. REGISTRAR'S FILE NO. <b>3051</b>		25b. DATE RECD BY LOCAL REGISTRAR <b>SEP 18 1974</b>		25c. REGISTRAR'S SIGNATURE <i>Auth S. Braddock</i>	

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

VS-112, REV. 11/58