

1. PLACE OF DEATH a. COUNTY <i>Smith</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Texas</i> b. COUNTY <i>Smith</i>				
b. CITY OR TOWN (If outside city limits, give precinct no.) <i>Tyler</i>			c. LENGTH OF STAY in l. b. <i>37 yrs.</i>			c. CITY OR TOWN (If outside city limits, give precinct no.) <i>Tyler</i>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <i>Mother Frances Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>1917 North Border</i>				
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) (a) First <i>Charles</i>		(b) Middle <i>E.</i>		(c) Last <i>Brooks</i>		4. DATE OF DEATH <i>May 22, 1970</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>April 3, 1933</i>	9. AGE (In years last birthday) <i>37</i>	IF UNDER 1 YEAR Months Days Hours Minutes	IF UNDER 24 HRS. Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Truck Driving</i>		11. BIRTHPLACE (State or foreign country) <i>Tyler, Texas</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Collier Brooks</i>				14. MOTHER'S MAIDEN NAME <i>Lois Arterberry</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>Unknown</i>		17. INFORMANT <i>W. L. Brooks</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: TEXAS DEPARTMENT OF HEALTH MEDICAL CERTIFICATION Conditions, if any, have been stated above cause last. BUREAU OF VITAL STATISTICS TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <i>Shot in head and abdomen with 22 revolver (information re-ified)</i>					
20c. TIME OF INJURY Hour Month Day Year <i>9:18 P.M. 5 20 70</i>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <i>1917 N. Border</i>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <i>1917 N. Border</i>			20f. CITY, TOWN, OR LOCATION <i>Tyler, Texas</i>		COUNTY <i>Smith</i>		STATE <i>Texas</i>	
21. I hereby certify that I attended the deceased from <i>5/20</i> 19 <i>70</i> and last saw the deceased alive on <i>5/22</i> 19 <i>70</i> . Death occurred at <i>10:30 A.</i> m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>W. L. Brooks</i>			22b. ADDRESS <i>1015 E. Idel, Tyler, Texas</i>		22c. DATE SIGNED <i>6/1/70</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			23b. DATE <i>May 28, 1970</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Asbury Cemetery</i>			
23d. LOCATION (City, town, or county) <i>Overton Smith Texas</i>			24. FUNERAL DIRECTOR'S SIGNATURE <i>D. P. Jackson</i> <i>Guthrie-Harris-Brown Mortuary # 5879</i>					
25a. REGISTRAR'S FILE NO. <i>385</i>		25b. DATE REC'D BY LOCAL REGISTRAR <i>6/4/70</i>			25c. REGISTRAR'S SIGNATURE <i>W. L. Brooks</i>			

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58