

STATE OF TEXAS

250-01-2 250-01

CERTIFICATE OF DEATH

STATE FILE NO.

67574

1. PLACE OF DEATH a. COUNTY Wood		7. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas		b. COUNTY Wood	
b. CITY OR TOWN (If outside city limits, give precinct no.) Mineola		c. LENGTH OF STAY in 1 b. Lifetime		c. CITY OR TOWN (If outside city limits, give precinct no.) Mineola	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Mineola General Hospital		d. STREET ADDRESS (If rural, give location) 206 Landers St.			
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) GEORGE WALTER FOSTER, JR.			4. DATE OF DEATH Sept. 21, 1968		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 10, 1932	9. AGE (In years last birthday) 36	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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Tyler Pipe & Foundry		11. BIRTHPLACE (State or foreign country) Mineola, Texas	
13. FATHER'S NAME Walter Foster Sr.			14. MOTHER'S MAIDEN NAME Ilene Foster (This is correct)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 457-46-9794		17. INFORMANT Nelwyn Foster-Wife	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] IMMEDIATE CAUSE (a) Stabed with a pareing knife		DUE TO (b) Being stabed in the heart		DUE TO (c)	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] IMMEDIATE CAUSE (a) Stabed with a pareing knife		DUE TO (b) Being stabed in the heart		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) Stabed by a knife in the hands of a woman			
20c. TIME OF INJURY Hour Month Day Year 130 a.m. 9-21-68		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> In the home of Frances Fulcher 714 baker ST WOOD Texas			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) In the home of Frances Fulcher		20f. CITY, TOWN, OR LOCATION 714 baker ST WOOD		COUNTY STATE Texas	
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____ and last saw the deceased alive on Inquest--9-21-- , 19 68 . Death occurred at 2:05 A m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H.H. Carlisle		22b. ADDRESS JP box 135 RT 2 Mineola Texas		22c. DATE SIGNED 9-24-68	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 25, 1968		23c. NAME OF CEMETERY OR CREMATORY Mineola City Cemetery	
23d. LOCATION (City, town, or county) Mineola, Texas		(State)		24. FUNERAL DIRECTOR'S SIGNATURE D. L. Maltberger FD#4544	
25a. REGISTRAR'S FILE NO. 65		25b. DATE REC'D BY LOCAL REGISTRAR September 24-1968		25c. REGISTRAR'S SIGNATURE H.H. Carlisle	

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58

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