

19847

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, Texas</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>1236 East Bessie Street</b>		d. STREET ADDRESS (If rural, give location) <b>1133 East Bessie</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) <b>James William HICKS</b>		4. DATE OF DEATH <b>March 25, 1967</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>17 April 1933</b>
9. AGE (In years last birthday) <b>33</b>		10. BIRTHPLACE (State or foreign country) <b>Greenville Mississippi</b>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Construction</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Reason Hicks</b>		14. MOTHER'S MAIDEN NAME <b>Lillie Bell Rose</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>428-56-3970</b>	
17. INFORMANT <i>Rosalie Smith by Brother William</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO (a) <b>Shock,</b> DUE TO (b) <b>Massive intrathoracic hemorrhage,</b> DUE TO (c) <b>Gunshot wound, chest.</b>			
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.) <b>Shot in the chest after an argument in the J &amp; T Diner.</b>			
20c. TIME OF INJURY Hour <b>12:06</b> p.m. Month <b>March</b> Day <b>25</b> Year <b>1967</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>In building 1236 East Bessie</b>			
20f. CITY, TOWN, OR LOCATION <b>Fort Worth</b>			
COUNTY <b>Tarrant</b>			
STATE <b>Texas</b>			
21. I hereby certify that I attended the deceased from <b>March 25, 1967</b> to <b>March 25, 1967</b> . Death occurred at <b>12:15 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Felix Gonzalez MD - DEPUTY M.E.</i>		22b. ADDRESS <b>210 MEDICAL ARTS BLDG., FORT WORTH</b>	
22c. DATE SIGNED <b>3-28-67</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4-2-67</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Lamont Community Cemetery</b>			
23d. LOCATION (City, town, or county) <b>Greenville</b>		23e. STATE <b>Mississippi</b>	
24. FUNERAL DIRECTOR'S SIGNATURE <i>E. Lynn Hardie #5173</i>		25. REGISTRAR'S SIGNATURE <i>Arch B. Braddock</i>	
25a. REGISTRAR'S FILE NO. <b>957</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>MAR 28 1967</b>	

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58