

1. PLACE OF DEATH a. COUNTY <b>Fort Bend</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Ft. Bend</b>									
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Rosenberg</b>				c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Rosenberg</b>									
c. LENGTH OF STAY <b>1 day</b>				d. STREET ADDRESS (If rural, give location) <b>I808 James</b>									
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTE <b>I808 James</b>				e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>									
e. IS PLACE OF DEATH 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 <b>Mary</b> (b) Middle <b>Brooks</b> (c) Last <b>Ward</b>				4. DATE OF DEATH <b>March 6, 1965</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 18, 1921</b>							
9. AGE (In years last birthday) <b>43</b>		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) <b>Sect.</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>(Savings &amp; Loan Ass'n)</b>									
11. BIRTHPLACE (State or foreign country) <b>Rosenberg, Texas</b>				12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>									
13. FATHER'S NAME <b>W. W. Ward</b>				14. MOTHER'S MAIDEN NAME <b>Jane B. Lane</b>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>				16. SOCIAL SECURITY NO. <b>465-12-8334</b>									
17. INFORMANT <b>Sid Ward</b>				17. INFORMANT <b>Sid Ward - Rosenberg, Texas</b>									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: <table border="1"> <tr> <td>CAUSE (a)</td> <td>CAUSE (b)</td> <td>CAUSE (c)</td> </tr> <tr> <td><b>Suffocation</b></td> <td><b>Multiple burns over entire body</b></td> <td><b>Catching on fire accidentally</b></td> </tr> </table>								CAUSE (a)	CAUSE (b)	CAUSE (c)	<b>Suffocation</b>	<b>Multiple burns over entire body</b>	<b>Catching on fire accidentally</b>
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<b>Suffocation</b>	<b>Multiple burns over entire body</b>	<b>Catching on fire accidentally</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 checked="" 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>Caught night apparel on fire from kitchen range</b>													
20c. TIME OF INJURY Hour Month Day Year <b>about 7:25 a.m. 3 6 65</b>													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <b>Kitchen in home</b>													
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>Rosenberg</b>													
20f. CITY, TOWN, OR LOCATION <b>Rosenberg</b>													
21. I hereby certify that I attended the deceased from <b>March 6, 1965</b> and last saw the deceased <b>dead</b> on <b>March 6, 1965</b> Death occurred at <b>7:25 A. m.</b> on the date stated above, and to the best of my knowledge, from the causes stated													
22a. SIGNATURE <b>Cathryn Waller</b>				22b. ADDRESS <b>Rosenberg, Texas</b>									
22c. DATE SIGNED <b>4-2-65</b>													
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>				23b. DATE <b>March 7, 1965</b>									
23c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Memorial Park</b>													
23d. LOCATION (City, town, or county) (State) <b>Rosenberg Texas</b>				24. FUNERAL DIRECTOR'S SIGNATURE <b>Garmany &amp; Co. - T.O. Gorden</b>									
25a. REGISTRAR'S FILE NO.				25b. DATE REC'D BY LOCAL REGISTRAR <b>4-2-65</b>									
25c. REGISTRAR'S SIGNATURE <b>Cathryn Waller</b>													

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

TEXAS DEPARTMENT OF HEALTH  
REC'D MAY 25 1965  
BUREAU OF VITAL STATISTICS

TEXAS DEPARTMENT OF HEALTH  
REC'D MAY 5 1965  
BUREAU OF VITAL STATISTICS

not put her name after her clearance