

1. PLACE OF DEATH a. COUNTY Smith			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Smith		
b. CITY OR TOWN (If outside city limits, give precinct no.) Tyler		c. LENGTH OF STAY in l. b. 30 yrs.	c. CITY OR TOWN (If outside city limits, give precinct no.) Tyler		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Medical Center Hospital			d. STREET ADDRESS (If rural, give location) 1019 N. Confederate		
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) Lorenza			4. DATE OF DEATH 12-14-74		7. MARRIAGE STATUS Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIAGE STATUS Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 6-16-40		9. AGE (In years last birthday) 34
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Mechanic Shop	11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Bud Dewberry			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 457-60-3113	17. INFORMANT f. Birdie Dewberry		
18. PART I. DEATH WAS CAUSED BY (a), (b), and (c.) IMMEDIATE CAUSE (a) DIFFUSE CEREBRAL INFARCTION + ANOXIA Conditions, if any, which gave rise to above cause (a). DUE TO (b) GUNSHOT WOUND BOTH COMMON CAROTID ARTERIES BUREAU OF VITAL STATISTICS REC'D JAN 14 1975 DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) GUNSHOT WOUND ESOPHAGUS					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) Gunshot wound esophagus			
20c. TIME OF INJURY Hour Month Day Year 12:10^{a.m.} 12- 7- '74		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.) 1100 N. Palace		20f. CITY, TOWN, OR LOCATION Tyler		COUNTY Smith	STATE Texas
21. I hereby certify that I attended the deceased from DEC. 7, 1974 to DEC. 14, 1974 and last saw the deceased alive on DEC. 14, 1974 . Death occurred at 5:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE F. Donald Kayson M.D.		22b. ADDRESS 1124 Rector St. - Tyler		22c. DATE SIGNED 12/14/74	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 12-18-74	23c. NAME OF CEMETERY OR CREMATORY Lee Spring Cemetery	
23d. LOCATION (City, town, or county) Tyler Smith Texas			24. FUNERAL DIRECTOR'S SIGNATURE Gregory S. Sterling 6654 Brooks-Sterling Funeral Home		
25a. REGISTRAR'S FILE NO. 976		25b. DATE REC'D BY LOCAL REGISTRAR December 27, 1974	25c. REGISTRAR'S SIGNATURE Miss Crowder, M.D.		

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58