Tyler	Smith (If outside city limits, give			2. USUAL RESIDENCE (Where dec			
Tyler	(If outside city limits, giv			a. STATE Texas	b. COU		
Tyler		on managed and 1	c. LENGTH OF STAY	c. CITY OR TOWN (If outside	do citu limite cius proc'est	Smith	1
d. NAME OF I f not i	TTR 77	re precinct no.)	in 1 b.	e, Citt Ok TOWN (if outsid	de city limits, give precinc	i no.)	
HOSPITAL OR	TYler		30 yrs.	d. STREET ADDRESS (If rural			
INSTITUTION	n hospital, give street add	dress)	1	d. STREET ADDRESS (If rural,	, give location)		
	Max	dical (Conton Homital	1019 N. Con	nfederate		
e. IS PLACE OF DE	ATH INSIDE CITY LIM	IIIS?	Center Hospital	e. IS RESIDENCE INSIDE C		f. IS RESIDENCE ON	A FARM?
		YES	МОП	YES 🔂	по 🗆	YES	NOF
NAME OF	(a) First	15280	(b) Middle	(c) Last	4. DATE OF DEATH	165	ио Б
DECEASED	W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		(2)	• • • • • • • • • • • • • • • • • • •			
(Type or print)	Lorenza	DACE	17	Dewberry	12-14-7		I F UNDER 24 H
SEX	6. COLOR OR	KACE	Married Never Married	B. DATE OF BIKTH	9. AGE (In years last birthday)	Months Days	Hours Minute
Male	Negro		Widowed Divorced	6-16-40	34		
	N (Give kind of work don		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WI	HAT COUNTRY?
during most of working Mechanic	life, even if refired)	Mech	nanic Shop	Texas U.S.			
B. FATHER'S NAME	-	11001	EULIC DIOP	14. MOTHER'S MAIDEN NAME		U.S.A.	
Bud Dewbe	arra			Unknown			
S. WAS DECEASED EVE		RCFS?	16. SOCIAL SECURITY NO.	17. INFORMANT, A		/	
(es, no, or unknown) (I	f yes, give war or dates o	Action with the building statement and the		58	45	1.2.	1 45
No	The second secon		167_60_3113	NIAMAN	8 //0	were	7
18. FEXAS DEP	ARLINE TELOF: H	E CAUSE (a)_	DILLOSE (ENEY	BRAL INFARCTION POTH COMMI		14 - 57	INTERVAL BETWEEN ONSET AND DEATH
RECOGNOS, 17 which gave rise to	N 14 1975	DUE TO (b).I	(a). (b), and (c).] PIFFUSE (ERFL			14 - 57	
RECODIONS, I'M which gave rise above cause (a).	N 14 1975	DUE TO (b). I	(a). (b), and (c).] PIFFUSE (ERFL	POTH COMMI	N CAROTIP	ARTERIES	
RECODIONS, I'M which gave rise above cause (a).	N 14 1975 F VITAL STATI	DUE TO (b). ISTICS DUE-TO (c). DITIONS CON	(a) (b), and (c).] PIFFUSE (EREL SINSHIT WOUND)	POTH COMMI	N CAROTIP	ARTERIES N PART I(a) 19.	WAS AUTOPSY P
RECODIONS, I'M which gave rise above cause (a).	N 14 1975 F VITAL STATE R SIGNIFICANT CONE	DUE TO (b). ISTICS DUE TO (c). DITIONS CON	(a) (b), and (c).] PIFFUSE (ERFL SUNSHIT WOUND) ITRIBUTING TO DEATH BUT NOT RE	POTH COMMI	CARUTIP	RPTERIES N PART I(a) 19.	ONSET AND DEATH
RECODIONS, I'M which gave rise above cause (a).	N 14 1975 F VITAL STATI R SIGNIFICANT CONE SUICIDE	DUE TO (b). ISTICS DUE TO (c). DITIONS CON ESOPHIA	(a) (b), and (c).] PIFFUSE (EREL BUNSHIT WOUND) ITRIBUTING TO DEATH BUT NOT RE 1605 206. DESCRIBE HOW INJURY OCC	POTH COMPILE LATED TO THE TERMINAL DISEASE CURRED. (Enter nature of injury in Pa	CARUTIP	RPTERIES N PART I(a) 19.	WAS AUTOPSY P
RECODIONS, in which gave rise above cause (a). PART II. OTHER EVNINOT 20a. ACCIDENT	N 14 1975 F VITAL STATE R SIGNIFICANT CONE CUOVNO SUICIDE F	DUE TO (b). ISTICS DUE TO (c). DITIONS CON ESOPHIA HOMICIDE	(a) (b), and (c).] PIFFUSE (EREL BUNSHIT WOUND) ITRIBUTING TO DEATH BUT NOT RE 1605 206. DESCRIBE HOW INJURY OCC	POTH COMMI	CARUTIP	RPTERIES N PART I(a) 19.	WAS AUTOPSY P
RECOGNOS, 1 de above couse (a). PART II. OTHER OUN ACCIDENT	IN 14 1975 F VITAL STATI R SIGNIFICANT CONE WOVND SUICIDE Our Month Da	DUE TO (b). ISTICS DUE TO (c). DITIONS CON ESOPHIA HOMICIDE LE Year	(a) (b), and (c).] PIFFUSE (EREL BUNSHIT WOUND) ITRIBUTING TO DEATH BUT NOT RE 1605 206. DESCRIBE HOW INJURY OCC	POTH COMPILE LATED TO THE TERMINAL DISEASE CURRED. (Enter nature of injury in Pa	CARUTIP	RPTERIES N PART I(a) 19.	WAS AUTOPSY P
RECODIONS, IN Which gave rise above cause (a), PART II. OTHER CONTROL TO THE CONT	IN 14 1975 IF VITAL STATI R SIGNIFICANT CONE LUOVNO SUICIDE Our Month Da m.	DUE TO (b). ISTICS DUE TO (c). DITIONS CON ESOPHIA HOMICIDE	(a) (b), and (c).] PIFFUSE (EREL BUNSHIT WOUND) ITRIBUTING TO DEATH BUT NOT RE 1605 206. DESCRIBE HOW INJURY OCC	POTH COMPILE LATED TO THE TERMINAL DISEASE CURRED. (Enter nature of injury in Pa	CARUTIP	RPTERIES N PART I(a) 19.	WAS AUTOPSY P
PART II. OTHER PART II. OTHER ON ACCIDENT 20c. TIME OF H INJURY 12:10x4 20d. INJURY 20d. INJURY 20d. INJURY 20d. INJURY	IF VITAL STATI R SIGNIFICANT CONE WOVND SUICIDE OUT Month Da T. 12- 7 RRED 200. PLACE	DUE TO (b). ISTICS DUE TO (c). DITIONS CON ESOPHIA HOMICIDE BY Year 7-174 E OF INJURY	(e.g., in or about home, farm, factory,	POTH COMMINICATED TO THE TERMINAL DISEASE CURRED, (Enter nature of injury in Paramond esophagus	E CONDITION GIVEN II	PRTERIES N PART I(a) 19. YI	WAS AUTOPSY P
RECORDOR, 17 Medich gave rise above cause (a). PART II. OTHER OF THE CONTROL OF THE INJURY 20d. INJURY OCCUP 20d. INJURY OC	IN 14 1975 IF VITAL STATI R SIGNIFICANT CONE WOVND SUICIDE Our Month Da TREED 20e. PLACE street.	DUE TO (b). ISTICS DUE TO (c). DITIONS CON ESOPHIA HOMICIDE Year 1 74 E OF INJURY, office building	(e.g., in or about home, farm, factory, left.)	POTH COMMINICATED TO THE TERMINAL DISEASE CURRED, (Enter nature of injury in Paul und esophagus 204. CITY, TOWN, OR LOCATION	E CONDITION GIVEN II	######################################	WAS AUTOPSY PFORMED?
PART II. OTHER OC. TIME OF HINJURY 20d. INJURY OCCUP WHILE AT D. NOT AT T.	IN 14 1975 IF VITAL STATI R SIGNIFICANT CONE LUOVNO SUICIDE OUT Month Do THE TOTAL STATI OUT MONTH DO RRED 200. PLACE street, WORK IN 110	DUE TO (b). ISTICS DUE TO (c). DITIONS CON ESOPINI HOMICIDE (B) Ay Year 7-174 E OF INJURY office building	(e.g., in or about home, farm, factory, etc.)	POTH COMMINICATED TO THE TERMINAL DISEASE CURRED, (Enter nature of injury in Paund esophagus 204. CITY, TOWN, OR LOCATION Tyler	E CONDITION GIVEN II OF Part II of Item IB. COUNT Smit	PRTERIES N PART I(a) 19. YI	WAS AUTOPSY PFORMED? SSEEL NO [
PART II. OTHER PART II. OTHER ON THE PART III. OTHER P	IMMEDIATE IMMEDI	DUE TO (b). ISTICS DUE TO (c). DITIONS CON ESOPINI HOMICIDE (B) Ay Year 7-174 E OF INJURY office building	(e.g., in or about home, farm, factory, alace	POTH COMMINICATED TO THE TERMINAL DISEASE CURRED. (Enter nature of injury in Paund esophagus 20f. CITY, TOWN, OR LOCATION Tyler 19 2 9 10 DEC.	E CONDITION GIVEN II THE COUNT SMITH	PRTERIES N PART I(a) 19. Y Eh 19. 74 and last	WAS AUTOPSY PFORMED? STATE TEXAS saw the deceased
PART II. OTHER PART II. OTHER ON THE PART II. OTHER PART III.	IMMEDIATE IMMEDI	DUE TO (b). ISTICS DUE TO (c). DITIONS CON ESOPINI HOMICIDE (B) Ay Year 7-174 E OF INJURY office building	(e.g., in or about home, farm, factory, etc.) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	CURRED. (Enter nature of injury in Paund esophagus 201. CITY, TOWN. OR LOCATION Tyler 19 79 to PEC. 5:20 Pm. on the date	E CONDITION GIVEN II OF Part II of Item IB. COUNT Smit	PRTERIES N PART I(a) 19. Y th 19. 79 and last best of my knowledge.	WAS AUTOPSY PFORMED? STATE Texas saw the deceased from the causes ste
PART II. OTHER PART II. OTHER ON THE PART III. OTHER P	IMMEDIATE IMMEDI	DUE TO (b). ISTICS DUE TO (c). DITIONS CON ESOPINI HOMICIDE (B) Ay Year 7-174 E OF INJURY office building	(e.g., in or about home, farm, factory, etc.) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	POTH COMMINICATED TO THE TERMINAL DISEASE CURRED. (Enter nature of injury in Paund esophagus 20f. CITY, TOWN, OR LOCATION Tyler 19 2 9 10 DEC.	E CONDITION GIVEN II THE COUNT SMITH	PRTERIES N PART I(a) 19. Y th 19. 79 and last best of my knowledge.	WAS AUTOPSY PFORMED? STATE TEXAS saw the deceased
PART II. OTHER PART II. OTHER ON THE PART II. OTHER PART III. OT	IN 14 1975 IN 14 1975 IF VITAL STATI R SIGNIFICANT CONE WOVND SUICIDE OUT Month Da THE TOTAL STATI	DUE TO (b). ISTICS DUE TO (c). DITIONS CON ESOPHIA HOMICIDE LE A Year A F OF INJURY office building O N. P. sed from	(e.g., in or about home, farm, factory, etc.) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	POTH COMMINICATED TO THE TERMINAL DISEASE CURRED. (Enter nature of injury in Parameter and esophagus 204. CITY, TOWN. OR LOCATION Tyler 19 10 PFC. 212. ADDRESS 1124 Rock	E CONDITION GIVEN II THE COUNT SMITH Stated above, and to the	PRTERIES N PART I(a) 19. Y th 19. 79 and last best of my knowledge.	WAS AUTOPSY PFORMED? STATE Texas saw the deceased from the causes ste
PART II. OTHER SUNJAND T 20a. ACCIDENT 20c. TIME OF HINJURY 20d. INJURY OCCUP WHILE AT DAY 21. Thereby certify the	IN 14 1975 IN 14 1975 IF VITAL STATI R SIGNIFICANT CONE WOVND SUICIDE OUT Month Da THE TOTAL STATI	DUE TO (b). ISTICS DUE TO (c). DITIONS CON ESOPHIA HOMICIDE LE A Year A F OF INJURY office building O N. P. sed from	(e.g., in or about home, farm, factory, etc.) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	CURRED. (Enter nature of injury in Paund esophagus 201. CITY, TOWN. OR LOCATION Tyler 19 79 to PEC. 5:20 Pm. on the date	E CONDITION GIVEN II THE COUNT SMITH Stated above, and to the	PRTERIES N PART I(a) 19. Y th 19. 79 and last best of my knowledge.	WAS AUTOPSY PFORMED? STATE Texas saw the deceased from the causes ste
PART II. OTHER SUNJANT 20a. ACCIDENT 20c. TIME OF HINJURY 20d. INJURY OCCUP WHILE AT DAY 21. Thereby certify the on Part II. 22a. SIGNATURE	IN 14 1975 IN 14 1975 IF VITAL STATI R SIGNIFICANT CONE WOVND SUICIDE OUT Month Da THE TOTAL STATI	DUE TO (b). ISTICS DUE-TO (c). DITIONS CON E-SOP M/ HOMICIDE TO 174 E-OF INJURY Office building ON. P. sed from.	(e.g., in or about home, farm, factory, letc.) (e.g., in or about home, farm, factory, letc.) (e.g., in or about home farm, factory, letc.)	CURRED. (Enter nature of injury in Paulance esophagus 204. CITY, TOWN. OR LOCATION Tyler 19 210. ADDRESS 1124 Portage 23c. NAME OF CEMETERY OR	CONDITION GIVEN II COUNT Smit Stated above, and to the CREMATORY	PRTERIES N PART I(a) 19. Y th 19. 79 and last best of my knowledge.	WAS AUTOPSY PFORMED? STATE Texas saw the deceased from the causes ste
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PART II. OTHER PART II. OTHER	IN 14 1975 IN 14 1975 IF VITAL STATI R SIGNIFICANT CONE WOVND SUICIDE OUT Month Da THE 12- 7 RRED 200. PLACE street, WORK 21 110 at Lattended they deceas N, REMOVAL (Specify) (City, town, or county) Smith	DUE TO (b). ISTICS OUE-TO (c). DITIONS CON ESOPINI HOMICIDE TY TY Office building N. P. sed from.	(e.g., in or about home, farm, factory, letc.) (e.g., in or about home, farm, factory, letc.) (e.g., in or about home farm, factory, letc.)	CURRED. (Enter nature of injury in Parund esophagus 204. CITY, TOWN. OR LOCATION Tyler 19 10 PFC 22b. ADDRESS 11 2 4 Porta 23c. NAME OF CEMETERY OR Lee Spring Ce	CONDITION GIVEN II COUNT Smit Stated above, and to the CREMATORY PATURE A COUNT Smit	PRTERIES N PART I(a) 19. Y th 19. 79 and last best of my knowledge.	WAS AUTOPSY PFORMED? STATE Texas saw the deceased from the causes ste
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