PLACE OF DEATH	257-0/ CERTIFICAT	2. USUAL RESIDENCE (Where decea	sed lived. If institution	: residence before adr	mission)
a. COUNTY Dallas		a. STATE Texas	b. COU		
b. CITY OR TOWN (If outside city limits, give precin		c. CITY OR TOWN (If outside	city limits, give precinc	t no.)	5 2
Dallas	in b. 3yrs.	Dallas			ACTION AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN CO
d. NAME OF (If not in hospital, give street address)		d. STREET ADDRESS (If rural, gi	ive location)		
INSTITUTION DOA Parkland men	morial Hospital	1509 Fo	rest Ave		
e. IS PLACE OF DEATH INSIDE CITY LIMITS?		e. IS RESIDENCE INSIDE CIT	Y LIMITS?	1.15 RESIDENCE O	N A FARM?
YES	NO [YES T	NO	YES	NO
NAME OF (a) First DECEASED	(b) Middle	(c) Last	. DATE OF DEATH		18 V. 190 PH 190
(Type or print) Freddye		Curlin	14 Februa	ry 1971	
SEX 6. COLOR OR RACE	7. Married Never Married	8. DATE OF BIRTH	9. AGE (In years	TE UNDER I YEA	And the second s
emale Negro	Widowed Divorced	12-17-1949	21 yr	Months Days	Hours Minutes
. USUAL OCCUPATION (Give kind of work done 10b.	THE PARTY OF THE P	11. BIRTHPLACE (State or foreign con	untry)	12. CITIZEN OF V	WHAT COUNTRY?
Dietary Cook Parkland Hosp.		Texas		U.S.	A
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		•	
Frank Davis		Lena M. Nash			
WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			
s, no Ne unknown) (If yes, give war or dates of service	464-84-2424	Kan 11/2	nead		
TEXAS DEPARTMENDAUSED BY:	Dan 2 1				ONSET AND DEATH
RECODITION TO 1971 above cause (a). TEXAS DEPARTMENDAUSED BY: IMMEDIATE CAUSE DUE TO	Pending (b)				[10] 전 1 전 4 개의 이 세계 전 1 전 1 전 1 전 1 전 1 전 1 전 1 전 1 전 1 전
TEXAS DEPARTMENDAUSED BY: IMMEDIATE CAUSE RECODITION ARY TO 1971 above cause (a). DUE TO	Pending (b)				
RECODITION TO 1971 above cause (a). TEXAS DEPARTMENDAUSED BY: IMMEDIATE CAUSE DUE TO	Pending (b) (c)	ATED TO THE TERMINAL DISEASE C			ONSET AND DEATH
RECORDING TO 1971 above cause (a). Stating the under- BUREAU OF VITAL STATISTICS PART II. OTHER SIGNIFICANT CONDITIONS	(b) Pending (c) CONTRIBUTING TO DEATH BUT NOT REL		ONDITION GIVEN IN		WAS AUTOPSY PER FORMED?
TEXAS DEPARTMENDAUSED BY: IMMEDIATE CAUSE RECODITION TO 1971 above cause (a). stating the under- BUREAU OF VITAL STATISTING PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT SUICIDE HOMICIE 20c. TIME OF Hour Month Day You	(b) Pending (c) CONTRIBUTING TO DEATH BUT NOT REL		ONDITION GIVEN IN		WAS AUTOPSY PER FORMED?
TEXAS DEPARTMENDADSED BY: IMMEDIATE CAUSE RECODITION TO 1971 above cause (a). Stating the under- BUREAU OF VITAL STATISTICAL FOR PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT SUICIDE HOMICIE 20c. TIME OF Hour Month Day You included the same of t	Pending (b) (c) CONTRIBUTING TO DEATH BUT NOT REL DE 20b. DESCRIBE HOW INJURY OCC		ONDITION GIVEN IN		WAS AUTOPSY PER
RECODITION TO 1971 above cause (a). stating the under- BUREAU OF VITAL STATISTICS PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT SUICIDE HOMICIE 20c. TIME OF Hour Month Day You in June 1972 20d. INJURY a.m. 211:50 p.m. 2 13 7 20d. INJURY OCCURRED 20a. PLACE OF IN.	Pending (b) (c) CONTRIBUTING TO DEATH BUT NOT REL DE 20b. DESCRIBE HOW INJURY OCC ear JURY (e.g., in or about home, farm, factory, 2	URRED. (Enter nature of injury in Part I	ONDITION GIVEN IN		WAS AUTOPSY PER
TEXAS DEPARTMENDADSED BY: IMMEDIATE CAUSE RECODITION TO 1971 above cause (a). stating the under- BUREAU OF VITAL STATISTICS PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT SUICIDE HOMICIE 20c. TIME OF Hour Month Day You in Jury a.m. 211:50 p.m. 2 13 7 20d. INJURY OCCURRED 20e. PLACE OF INc. street, office but	Pending (b) (c) CONTRIBUTING TO DEATH BUT NOT REL DE 20b. DESCRIBE HOW INJURY OCC ear JURY (e.g., in or about home, farm, factory, 2 illding, etc.)	URRED. (Enter nature of injury in Part I	ONDITION GIVEN IN		WAS AUTOPSY PER FORMED? YES TY NO STATE
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TEXAS DEPARTMENDAUSED BY: IMMEDIATE CAUSE RECODITION ARY TO 1971 above cause (a). stating the under- BUREAU OF VITAL STATISTICS PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT SUICIDE HOMICIE 20c. TIME OF Hour Month Day You INJURY a.m. @11:50 p.m. 2 20d. INJURY OCCURRED WHILE AT WORK AN Residen C	Pending (b) (c) CONTRIBUTING TO DEATH BUT NOT REL DE 20b. DESCRIBE HOW INJURY OCC ear (1) URY (e.g., in or about home, farm, factory, 2 ilding, etc.) De Inquest Held Feb 14	URRED. (Enter nature of injury in Part I	COUNTY Dall	A.S. and last	WAS AUTOPSY PER FORMED? YES TO NO THE STATE Tax. It saw the deceased aliented
TEXAS DEPARTMENT OF BY: IMMEDIATE CAUSE RECORDITION OF THE PROPERTY OF TH	Pending (b) (c) CONTRIBUTING TO DEATH BUT NOT REL DE 20b. DESCRIBE HOW INJURY OCC ear JURY (e.g., in or about home, farm, factory, 2 milding, etc.) Ce Inquest Held Feb 14 . 19 Death occurred at	URRED. (Enter nature of injury in Part I	COUNTY Dall	AS and last best of my knowledge	STATE Tx. saw the deceased all
TEXAS DEPARTMENDADISED BY: IMMEDIATE CAUSE RECORDITION TO 1971 above cause (a). stating the under- BUREAU OF, VITAL STATISTIC PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT SUICIDE HOMICIE 20c. TIME OF Hour Month Day You a.m. 211:50 p.m. 2 13 20d. INJURY OCCURRED 20e. PLACE OF IN. street, office but work ar work are work and work are work and work are work are work and work are work are work are work are work and work are work and work are work are work and work are work and work are work are work and work are	Pending (b) (c) CONTRIBUTING TO DEATH BUT NOT REL DE 20b. DESCRIBE HOW INJURY OCC ear JURY (e.g., in or about home, farm, factory, 2 ilding, etc.) CE Inquest Held Feb 14 . 19 . Death occurred at (Degree or title) 2	URRED. (Enter nature of injury in Part I of. CITY, TOWN, OR LOCATION Dallas 1971 0015 Am. on the date state 2b. ADDRESS	COUNTY Dall ed above, and to the	AS and last best of my knowledge 23	STATE Tx. I saw the deceased alies, from the causes state 2c. DATE SIGNED
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