STATE OF TEXAS 057-01-3 057-01 CERTIFICATE OF DEATH E965X-68 STATE FILE NO. 08249

TEXAS DEPARTMENT OF HEALTH —BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY OR TOWN (If outside city limits, give precinct no.): Dallas
c. LENGTH OF STAY in 1 b.: 3yrs.
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION: DOA Parkland memorial Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES X NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Texas
b. COUNTY: Dallas
c. CITY OR TOWN (If outside city limits, give precinct no.): Dallas
d. STREET ADDRESS (If rural, give location): 1509 Forest Ave
e. IS RESIDENCE INSIDE CITY LIMITS? YES X NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO X

3. NAME OF DECEASED (Type or print) (a) First: Freddye (b) Middle: (c) Last: Curlin
4. DATE OF DEATH: 14 February 1971
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-17-1949
9. AGE (In years last birthday): 21yrs. 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): Dietary Cook
10b. KIND OF BUSINESS OR INDUSTRY: Parkland Hosp.
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Frank Davis
14. MOTHER'S MAIDEN NAME: Lena M.Nash
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 464-84-2424
17. INFORMANT: Ray Davenport [signature]

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pending
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

TEXAS DEPARTMENT OF HEALTH REC'D MAR 10 1971 BUREAU OF VITAL STATISTICS

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 X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY: Hour @11:50 p.m. Month 2 Day 13 Year 71
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.): Residence
20f. CITY, TOWN, OR LOCATION: Dallas COUNTY: Dallas STATE: Tx.

21. I hereby certify that I attended the deceased from Inquest Held Feb 14, 1971 to , 19 and last saw the deceased alive on , 19 . Death occurred at 0015 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [signature] (Degree or title): Charles S. Petty, M.D. Chief Medical Examiner
22b. ADDRESS: P.O. Box 35728 Dallas Tx 75235
22c. DATE SIGNED: 2-14-71

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-18-71
23c. NAME OF CEMETERY OR CREMATORY: Beaver Cemetery
23d. LOCATION (City, town, or county): Hawkins (State): Texas
24. FUNERAL DIRECTOR'S SIGNATURE: Cedar Crest By: [signature] Wilson
25a. REGISTRAR'S FILE NO.: 1182
25b. DATE REC'D BY LOCAL REGISTRAR: FEB 17 1971
25c. REGISTRAR'S SIGNATURE: [signature]

VS-112 REV. 1/58

This will be corrected when amendment is filed

18-0130

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