[5; 0c; 05703 1963 4

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO 35717

Texas Department of Health — BUREAU OF VITAL STATISTICS

0883-81-0421

1 NAME OF DECEASED [Type or print] [a] First: Bobbie [b] Middle: .Lee [c] Last: Smith				2 SEX: Female	3 DATE OF DEATH: April 4, 1981	
4 RACE: Black	5a WAS THE DECEDENT OF SPANISH ORIGIN?	5b IF YES SPECIFY MEXICAN, PUERTO RICAN, CUBAN, ETC: C	6 DATE OF BIRTH: 7-12-30	7 AGE [In years last birthday]: 50	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Minutes
8a PLACE OF DEATH — COUNTY: Dallas	8b CITY OR TOWN [If outside city limits give precinct no.]: Garland	8c NAME OF [If not in hospital give street address] HOSPITAL OR INSTITUTION: 1147 Hickory Trail		8d INSIDE CITY LIMITS?: Yes		
9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED [Specify]: Never married	10 BIRTHPLACE [State or foreign country]: Texas	11 CITIZEN OF WHAT COUNTRY?: U.S.A	12 WAS DECEDENT EVER IN U.S. ARMED FORCES?: no	13 SURVIVING SPOUSE [If wife, give maiden name]		
14 SOCIAL SECURITY NO: 452-52-0933	15a USUAL OCCUPATION [Give kind of work done during most of working life, even if retired]: Sewing		15b KIND OF BUSINESS OR INDUSTRY: Manufactor			
16a RESIDENCE — STATE: Texas	16b COUNTY: Dallas	16c CITY OR TOWN [If outside city limits show rural]: Garland	16d STREET ADDRESS [If rural, give location]: 1147 Hickory Trail	16e INSIDE CITY LIMITS?: yes		
17 FATHER'S NAME: .James S.Smith	18 MOTHER'S MAIDEN NAME: Junior Stewart	19 SIGNATURE OF INFORMANT: Patricia A James				

CAUSE OF DEATH

20 PART I — Conditions, if any, which gave rise to immediate cause stating the underlying cause last

(a) IMMEDIATE CAUSE [Enter only one cause per line for (a), (b), (c)]: Gunshot wounds of head and trunk — Interval between onset and death:

(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

21 AUTOPSY?: Yes

22a ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST [Specify]: Homicide	22b DATE OF INJURY [Mo., Day, Yr.]: 4/4/81	22c HOUR OF INJURY: 4-5:00 P. M	22d DESCRIBE HOW INJURY OCCURRED: Shot by assailant or assailants unknown
22e INJURY AT WORK [Specify yes or no]: No	22f PLACE OF INJURY — At home, farm, street, factory, office building, etc. [Specify]: Residence		22g LOCATION — STREET OR R.F.D. NO. / CITY OR TOWN / STATE: 1147 Hickory Trail Garland, Texas

CERTIFIER — To be completed by CERTIFYING PHYSICIAN only

23a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated [Signature and Title]: TEXAS DEPARTMENT OF HEALTH

REC'D MAY 22 1981

BUREAU OF VITAL STATISTICS

23b DATE SIGNED [Mo., Day, Yr.]:

23c HOUR OF DEATH: M

23d NAME OF ATTENDING PHYSICIAN [Type or print]:

To be completed by MEDICAL EXAMINER or CORONER only

24a On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) stated [Signature and Title]: Charles S. Petty, M.D. Chief Medical Examiner

Charles S Petty

24b DATE SIGNED [Mo., Day, Yr.]: April 5, 1981

24c HOUR OF DEATH: 4-5 P. M

24d PRONOUNCED DEAD [Mo., Day, Year] ON: 4/4/81

24e PRONOUNCED DEAD [Hour] AT: 7:00 P. M

25a BURIAL, CREMATION, REMOVAL [Specify]: .Burial	25b DATE: April9,1981	25c NAME OF CEMETERY OR CREMATORY: Lincoln Memorial Cemetery
25d LOCATION [City, town, or county] [State]: Dallas, Texas		26 SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Michael McMillan Funeral Homes by
27a REGISTRAR'S FILE NO: 158	27b DATE REC'D BY LOCAL REGISTRAR: APR 13 1981	27c SIGNATURE OF LOCAL REGISTRAR: Doran Hall

VS-112, REV 1/80