

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

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 1 b. 27 Years	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTE Residence--1807 East Houston Street		d. STREET ADDRESS (If rural, give location) 1807 East Houston Street	
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) (a) First MARTHA		(b) Middle JO ANN	
		(c) Last DAMRON	
		4. DATE OF DEATH February 8, 1975	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH January 17, 1930
9. AGE (In years last birthday) 45		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) Office Manager		10b. KIND OF BUSINESS OR INDUSTRY Millinery Factory	
11. BIRTHPLACE (State or foreign country) Idabel, Oklahoma		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Roy Lackey		14. MOTHER'S MAIDEN NAME Signa Barrow	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 460-38-2832	
17. INFORMANT Doug Damron			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TEXAS DEPARTMENT OF HEALTH IMMEDIATE CAUSE (a) Brain tumor RECORD MAR 12 1975 BUREAU OF VITAL STATISTICS DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH unknown
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Aspiration pneumonia			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour Month Day Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I hereby certify that I attended the deceased from Feb 1 19 75 to Feb 8 19 75 and last saw the deceased alive on Feb 8 19 75 . Death occurred at 12 Noon m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature]		22b. ADDRESS 1212 Clinic Dr, Tyler Tex	
		22c. DATE SIGNED 2/13/75	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE February 10, 1975	
23c. NAME OF CEMETERY OR CREMATORY Cathedral In The Pines Cemetery			
23d. LOCATION (City, town, or county) (State) Tyler, Texas		24. FUNERAL DIRECTOR'S SIGNATURE Thomas W. Stewart Burks Walker Tippit--Thomas W. Stewart#6521	
25a. REGISTRAR'S FILE NO. 124		25b. DATE REC'D BY LOCAL REGISTRAR February 17, 1975	
		25c. REGISTRAR'S SIGNATURE [Signature]	