STATE OF TEXAS 152.01.1 152.01 CERTIFICATE OF DEATH E965X STATE FILE NO. 100068

TEXAS DEPARTMENT OF HEALTH
REC'D FEB 10 1978
BUREAU OF VITAL STATISTICS

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Lubbock
b. CITY OR TOWN (If outside city limits, give precinct no.): Lubbock
c. LENGTH OF STAY in 1 b.: 3 years
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION: 926 E. Quinn
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Texas
b. COUNTY: Lubbock
c. CITY OR TOWN (If outside city limits, give precinct no.): Lubbock
d. STREET ADDRESS (If rural, give location): 926 E. Quinn
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): (a) First: David (b) Middle: Alan (c) Last: Boone
4. DATE OF DEATH: December 4, 1977
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/13/53
9. AGE (In years last birthday): 24
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): Lineman
10b. KIND OF BUSINESS OR INDUSTRY: Aviation
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Floyd Boone
14. MOTHER'S MAIDEN NAME: Harriet Weiss
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 3-18-72 to 4-5-73
16. SOCIAL SECURITY NO.: 512-58-3777
17. INFORMANT: Mr. Floyd Boone

TEXAS DEPARTMENT OF HEALTH
REC'D JAN 16 1978
BUREAU OF VITAL STATISTICS

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) Gunshots to the throat, head and shoulder
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

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 ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.): The deceased was shot
20c. TIME OF INJURY: Hour 8:00 p.m. Month 12 Day 4 Year 77
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.): home
20f. CITY, TOWN, OR LOCATION: Lubbock COUNTY: Lubbock STATE: Texas

21. [illegible] Held inquest 12-5-77 On 19 [illegible] the deceased died on 19 Death occurred at 8:00 P m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. J. Blalack L J Blalack J. P.
22b. ADDRESS: 800 Braodway, Lubbock, Texas
22c. DATE SIGNED: 12-20-77

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/8/77
23c. NAME OF CEMETERY OR CREMATORY: Resthaven Memorial Park
23d. LOCATION (City, town, or county): Lubbock (State): Texas
24. FUNERAL DIRECTOR'S SIGNATURE: RESTHAVEN-SINGLETON-WILSON

25a. REGISTRAR'S FILE NO.: 1466
25b. DATE REC'D BY LOCAL REGISTRAR: DEC 23 1977
25c. REGISTRAR'S SIGNATURE: Thelma Hughes

VS-112, REV. 1/58