

1 copy MAR 21 1980

Cora Lee Smith

248

VS-112, REV. 1/80

Texas Department of Health — BUREAU OF VITAL STATISTICS

101-01-1 101-01

STATE OF TEXAS CERTIFICATE OF DEATH ⁹⁵⁵⁴ STATE FILE NO. 17732

1. NAME OF DECEASED [Type or print] Cora Lee Smith			2. SEX Female		3. DATE OF DEATH 3-2-80	
4. RACE Negro	5a. WAS THE DECEDENT OF SPANISH ORIGIN? no	5b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.	6. DATE OF BIRTH 11/24/30	7. AGE [in years last birthday] 49	IF UNDER 1 YEAR Months Days Hours Minutes	
8a. PLACE OF DEATH — COUNTY Harris		8b. CITY OR TOWN [If outside city limits, give precinct no.] Houston		8c. NAME OF [If not in hospital, give street address] HOSPITAL OR INSTITUTION 1821 Edwards		8d. INSIDE CITY LIMITS? yes
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED [Specify] divorced	10. BIRTHPLACE [State or foreign country] Texas	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? no	13. SURVIVING SPOUSE [If wife, give maiden name] none		
14. SOCIAL SECURITY NO. 451-54-4419		15a. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired] Dietician		15b. KIND OF BUSINESS OR INDUSTRY Memorial Hospital Northwest		
16a. RESIDENCE — STATE Texas	16b. COUNTY Harris	16c. CITY OR TOWN [If outside city limits, show rural] Houston	16d. STREET ADDRESS [If rural, give location] 1821 Edwards		16e. INSIDE CITY LIMITS? yes	
17. FATHER'S NAME Lee Spencer		18. MOTHER'S MAIDEN NAME Dovie Turner		19. SIGNATURE OF INFORMANT <i>Dovie Whitaker</i>		
20. PART I IMMEDIATE CAUSE [Enter only one cause per line for (a), (b), (c)] Conditions, if any, which gave rise to immediate cause stating the underlying cause last (a) Gunshot wounds (3) of the chest, contact DUE TO, OR AS A CONSEQUENCE OF: (b) type. DUE TO, OR AS A CONSEQUENCE OF: (c) Interval between onset and death			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? No			
22a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. [Specify] Suicide		22b. DATE OF INJURY [Mo., Day, Yr.] 3-2-80	22c. HOUR OF INJURY 8:00 p.m.	22d. DESCRIBE HOW INJURY OCCURRED Shot.		
22e. INJURY AT WORK [Specify yes or no] No		22f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. [Specify] 1821 Edwards		22g. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE Houston Harris Texas		
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] Eduardo Bellas, M.D. Assistant Medical Examiner		23b. DATE SIGNED [Mo., Day, Yr.] 3-17-80		23c. HOUR OF DEATH 8:00 p.m.		
23d. NAME OF ATTENDING PHYSICIAN [Type or print] Eduardo Bellas, M.D.		23e. DATE 3-2-80		23f. HOUR 8:00 p.m.		
25a. BURIAL, CREMATION, OR REMOVAL [Specify] Burial		25b. DATE 3-7-80		25c. NAME OF CEMETERY OR CREMATORY Cemetery Beautiful		
25d. LOCATION [City, town, or county] Houston		25e. STATE Texas		26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Carl Barnes F H Litus Barnes 4724		
27a. REGISTRAR'S FILE NO. 2867		27b. DATE REC'D BY LOCAL REGISTRAR MAR. 24, 1980		27c. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		

TEXAS DEPARTMENT OF HEALTH
REC'D APR 10 1980
BUREAU OF VITAL STATISTICS

505