

1. PLACE OF DEATH a. COUNTY Ellis		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE: TEXAS b. COUNTY Ellis	
b. CITY OR TOWN (If outside city limits, give precinct no.) ENNIS		c. CITY OR TOWN (If outside city limits, give precinct no.) ENNIS	
c. LENGTH OF STAY in 1 b. 29 yrs		d. STREET ADDRESS (If rural, give location) 406 E. Houston	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Old Garret Road		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH 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 Willie (b) Middle Delbert (c) Last Thompson		4. DATE OF DEATH Feb. 12, 1977	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH NOV. 7, 1947
9. AGE (In years last birthday) 29		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) Folder Operator		10b. KIND OF BUSINESS OR INDUSTRY Folder Operator	
11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Thompson		14. MOTHER'S MAIDEN NAME Charlie Mae White	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Vietnam		16. SOCIAL SECURITY NO. 458-82-0449	
17. INFORMANT Mrs. Charlie Mae Thompson			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shot Gun Wounds			INTERVAL BETWEEN ONSET AND DEATH hours
DUE TO (b) _____			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>TEXAS DEPARTMENT OF HEALTH RESOURCES</p> <p>REGID MAR 23 1977</p> <p>BUREAU OF VITAL STATISTICS</p> </div>			
20a. TIME OF INJURY approx 9 p.m. Feb 12 77		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Shot Gun Wounds	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) 3005 S. Lancaster St	20f. CITY, TOWN, OR LOCATION Dallas, Dallas	COUNTY Dallas
STATE Texas			
21. I hereby certify that I attended the deceased from Inquest held 12 Feb 77 and last saw the deceased alive on pronounced 19 1105 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> Justice of the Peace		22b. ADDRESS 112 S. Dallas St, Ennis, Texas	22c. DATE SIGNED 2-2377
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 16, 1977	23c. NAME OF CEMETERY OR CREMATORY Carver Mem. Park
23d. LOCATION (City, town, or county) Ferris Texas		24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> 1809	
25a. REGISTRAR'S FILE NO. 19		25b. DATE REC'D BY LOCAL REGISTRAR 2-24-77	
		25. REGISTRAR'S SIGNATURE <i>[Signature]</i> Wynell Rose	

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58

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