

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. Life			c. CITY OR TOWN (If outside city limits, give precinct no.) Tyler		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION D.O.A. Medical Center Hospital				d. STREET ADDRESS (If rural, give location) 1006 W. Cochran Street				
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input 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) Ruth		(a) First Helen		(b) Middle McGee		4. DATE OF DEATH 10-17-64		
5. SEX Female		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 8-8-47		
9. AGE (In years last birthday) 17		IF UNDER 1 YEAR Months Days Hours Minutes		IF UNDER 24 HRS. Months Days Hours Minutes				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress				10b. KIND OF BUSINESS OR INDUSTRY Cafeteria				
11. BIRTHPLACE (State or foreign country) Texas				12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Willie Harvis				14. MOTHER'S MAIDEN NAME Catherine Flournoy				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		(If yes, give war or dates of service) ---		16. SOCIAL SECURITY NO. 449-74-2484		17. INFORMANT Catherine Milton		
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 in left side head Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) just below left ear, with 20 gauge gun DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.								
INTERVAL BETWEEN ONSET AND DEATH Instant								
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Only saw deceased at time of inquiry				
20c. TIME OF INJURY Hour 11:05 A.M. Month 10 Day 17 Year 64				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 1006 W Cochran				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) 1006 W Cochran				20f. CITY, TOWN, OR LOCATION Tyler COUNTY Smith STATE Texas				
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ and last saw the deceased alive on _____ 19____. Death occurred at 11:05 A.M. on _____ 19____. I stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Mrs. Call Allen, Jr.				22b. ADDRESS Court		22c. DATE SIGNED see Tyler Tex 10-19-64		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal				23b. DATE 10-25-64		23c. NAME OF REMATORY Lee Sp Cemetery		
23d. LOCATION (City, town, or county) Flint (State) Smith Texas				24. FUNERAL DIRECTOR'S SIGNATURE William A. Mathis 5313 3998				
25a. REGISTRAR'S FILE NO. 499		25b. DATE REC'D BY LOCAL REGISTRAR October 21, 1964		25c. REGISTRAR'S SIGNATURE J. Goldfeder M.D.				