

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. CITY OR TOWN (If outside city limits, give precinct no.) Tyler	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 6003 Old Bullard Road, Apt. 169		d. STREET ADDRESS (If rural, give location) 6003 Old Bullard Road, Apt. 169	
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 LINDA (b) Middle JO (c) Last EDWARDS			4. DATE OF DEATH June 9, 1977		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan. 27, 1955	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Texas Eastern Univ.		11. BIRTHPLACE (State or foreign country) Bullard, Texas	
13. FATHER'S NAME Ray Edwards			14. MOTHER'S MAIDEN NAME Melba Sue Ferguson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 460-06-9373		17. INFORMANT Mrs. G. L. Edwards	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple stab wounds in the neck.		INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____		

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

20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> 20a. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) She was attacked in her apt. by unk. assailant.		20b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office building, etc.) Home		20f. CITY, TOWN, OR LOCATION Tyler	
20c. 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.) Home		COUNTY Smith	
20d. DATE OF INJURY between JUL 13 1977		20g. STATE Texas			

21. I hereby certify that I attended the deceased from **only saw at inquest** on **6-9-77** and last saw the deceased alive on _____.

22a. SIGNATURE *J.M. Skelton Jr.* (Degree or title) **J.P.**

22b. ADDRESS **Route 8, Box 900, Tyler, Tex**

22c. DATE SIGNED **6-15-77**

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal - Burial		23b. DATE June 12, 1977		23c. NAME OF CEMETERY OR CREMATORY Bullard Cemetery	
23d. LOCATION (City, town, or county) Smith County, Texas		23e. FUNERAL DIRECTOR'S SIGNATURE BWT		23f. REGISTRAR'S SIGNATURE <i>Leon York, Jr.</i>	
25a. REGISTRAR'S FILE NO. 589		25b. DATE REC'D BY LOCAL REGISTRAR June 27, 1977		25c. REGISTRAR'S SIGNATURE <i>Keifert H. Walker Jr.</i>	

TEXAS DEPARTMENT OF HEALTH RESOURCES - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION
 BUREAU OF VITAL STATISTICS
 RECEIVED JUL 13 1977
 1080 & 12 mid-6-9-77

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