

1. PLACE OF DEATH a. COUNTY Wise		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Wise	
b. CITY OR TOWN (If outside city limits, give precinct no.) Bridgeport, Texas		c. CITY OR TOWN (If outside city limits, give precinct no.) Bridgeport, Texas	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION In The Home, Bridgeport, Tex		d. STREET ADDRESS (If rural, give location) 1817-B Stevens St, Bridgeport, Texas	
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 Virginia (b) Middle Ann (c) Last Dickinson		4. DATE OF DEATH Jan-14-1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 19 1940
9. AGE (In years last birthday) 21		IF UNDER 1 YEAR Months 5 Days 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Winnsboro, Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME J. C. Hood		14. MOTHER'S MAIDEN NAME Mauline Vaughn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 461-56-3735	
17. INFORMANT Loyd Dickinson			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Natural Gas inhalation 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) TEXAS DEPARTMENT OF HEALTH REC'D. MAY 1 1962 BUREAU OF VITAL STATISTICS	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month _____ Day _____ Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Home		20f. CITY, TOWN, OR LOCATION Bridgeport COUNTY Wise 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 _____, _____, m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James C. Hunter MD (Degree or title)		22b. ADDRESS 2005 Henderson St.	
22c. DATE SIGNED 4-27-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial		23b. DATE Jan-16-1962	
23c. NAME OF CEMETERY OR CREMATORY Little Hope Cemetery			
24. FUNERAL DIRECTOR'S SIGNATURE B.E. Hawkins			
25a. REGISTRAR'S FILE NO. 387		25b. DATE REC'D BY LOCAL REGISTRAR 1-19-62	
25c. REGISTRAR'S SIGNATURE E.P. Williams L.P.			