

TEXAS DEPARTMENT OF HEALTH *59810 50*  
BUREAU OF VITAL STATISTICS

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

45897

1. PLACE OF DEATH a. COUNTY <b>Dallas</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>Dallas</b>			
b. CITY (If outside corporate limits, write RURAL and give precinct no.) <b>Dallas</b>				c. CITY (If outside corporate limits, write RURAL and give precinct no.) <b>Dallas</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2712 Meadow St.</b>				d. STREET ADDRESS (If rural, give location) <b>2712 Meadow St.</b>			
3. NAME OF DECEASED (Type or Print) <b>Audrey</b>		a. (First) <b>Avis</b>		b. (Middle) <b>Boyd</b>		c. (Last) <b>Boyd</b>	
4. DATE OF DEATH <b>Sept. 21st, 1951</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>June 8th, 1910</b>		9. AGE <b>41</b>		YEARS <b>3</b>		MONTHS <b>13</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Texas</b>			
12. FATHER'S NAME <b>G. C. Smith</b>		BIRTHPLACE <b>Texas</b>		13. MOTHER'S MAIDEN NAME <b>Matilda Brown</b>		BIRTHPLACE <b>Unknown</b>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		15. SOCIAL SECURITY NO.		16. INFORMANT'S SIGNATURE <i>Miss Corlene Boyd</i>			
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>GUN SHOT WOUNDS IN CHEST</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
18a. DATE OF OPERATION				18b. MAJOR FINDINGS OF OPERATION			
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>HOMICIDE</b>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>2712 Meadow St</b>		20c. (CITY, TOWN, OR PRECINCT NO.) <b>Dallas</b>		(COUNTY) <b>Dallas</b>	
(STATE) <b>Texas</b>		20d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9 21 51 1:30P m.</b>		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. HOW DID INJURY OCCUR? <b>Shot By Husband</b>	
21. I hereby certify that <del>Intense inquest</del> <b>Intense inquest</b> <del>to 9-21-51</del> <b>to 9-21-51</b> <del>xxxxxx</del> <b>xxxxxx</b> <del>and that death occurred at 1:45Pm.</del> <b>and that death occurred at 1:45Pm.</b> from the causes and on the date stated above.							
22a. SIGNATURE <i>[Signature]</i>				(Degree or title)		22b. ADDRESS <b>1141 1/2 No. Lancaster</b>	
22c. DATE SIGNED <b>9-21-51</b>							
23a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal and Burial</b>				23b. DATE <b>9-23-51</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Edom Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Edom</b>				(State) <b>Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <i>McKamy-Ingram-Batchler</i>	
25a. REGISTRAR'S FILE NO. <b>3573</b>				25b. DATE REC'D BY LOCAL REGISTRAR <b>Sept. 23/1951</b>		25c. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

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