

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 3119 West Jackson		d. STREET ADDRESS (If rural, give location) 2402 Bellwood Rd.	
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"/>		4. DATE OF DEATH 1/11/76	
3. NAME OF DECEASED (Type or print) (a) First Loyce (b) Middle J. (c) Last Arterberry		7. DATE OF BIRTH 6/2/1929	
5. SEX Male	6. COLOR OR RACE Black	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	9. AGE (In years last birthday) 46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Laborer		10b. KIND OF BUSINESS OR INDUSTRY Common Labor Self-employed	
11. BIRTHPLACE (State or foreign country) Smith County, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME John Arterberry		14. MOTHER'S MAIDEN NAME Ada Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 449-40-1643	
17. INFORMANT <i>Donnie R. Arterberry</i>		18. TEXAS DEPARTMENT OF HEALTH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wounds DUE TO (b) DUE TO (c)	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH unk	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
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.) was shot with a 38 cal. gun	
20c. TIME OF INJURY Hour 12:30 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month 1 Day 11 Year 1976		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.) 3119 W. Jackson - yard		20f. CITY, TOWN, OR LOCATION Tyler	
20g. COUNTY Smith		20h. STATE Texas	
21. I hereby certify that I attended the deceased from Request 1-11 1976 to 1-14 1976 and last saw the deceased alive on 1-14 1976. Death occurred at 12:30 A m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>no Leon Heald</i>		22b. ADDRESS Tyler, Texas	
22c. DATE SIGNED 1-14-1976		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 1/15/76		23c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery	
23d. LOCATION (City, town, or county) (State) Overton Smith Texas		24. FUNERAL DIRECTOR'S SIGNATURE <i>Cassimere Garden Mortuary 6857</i>	
25a. REGISTRAR'S FILE NO. 173		25b. DATE REC'D BY LOCAL REGISTRAR March 4, 1976	
		25c. REGISTRAR'S SIGNATURE <i>Muriel Crowder, MD.</i>	

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TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58

REC'D MAR 12 1976
BUREAU OF VITAL STATISTICS