

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Dallas	
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		c. LENGTH OF STAY in 1 b. 20yrs	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Parkland Memorial Hospital		d. STREET ADDRESS (If rural, give location) 8040 Komalty	
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 Willie (b) Middle W. (c) Last Thompson			4. DATE OF DEATH April 7, 1979		
5. SEX Male	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 4-2-1942	9. AGE (In years last birthday) 37yrs	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Finisher		10b. KIND OF BUSINESS OR INDUSTRY Cement Co.		11. BIRTHPLACE (State or foreign country) Wills Point, Texas	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Thompson			14. MOTHER'S MAIDEN NAME Eula B. Henderson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 450-66-1237		17. INFORMANT <i>Barbara Thompson</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Cranio-cerebral Injury

IMMEDIATE CAUSE (a)
TEXAS DEPARTMENT OF HEALTH
RECD **MAY 16 1979**
BUREAU OF VITAL STATISTICS

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (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

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.) Struck during altercation with blunt object				
20c. TIME OF INJURY Hour Month Day Year 10:30P 3 30 79					
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.) Residence	20f. CITY, TOWN, OR LOCATION Dallas		COUNTY Dallas	STATE Texas

21. I hereby certify that I attended the deceased from **Inquest Held On 4/7/79** to _____ 19____ and last saw the deceased alive on _____ 19____. Death occurred at **6:20a** m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Vincent J. DiMaio</i> Vincent J. DiMaio, MD (Degree or title) Medical Examiner	22b. ADDRESS P.O. Box 35728 Dallas, Tx 75235	22c. DATE SIGNED 4/7/79
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-11-1979	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
23d. LOCATION (City, town, or county) (State) Wills Point, Texas		24. FUNERAL DIRECTOR'S SIGNATURE CEDAR CREST BY: <i>Johnnie P. Willis</i>
25a. REGISTRAR'S FILE NO. 2790	25b. DATE REC'D BY LOCAL REGISTRAR APR 9 - 1979	25c. REGISTRAR'S SIGNATURE <i>Johnnie P. Willis</i>

TEXAS DEPARTMENT OF HEALTH RESOURCES - BUREAU OF VITAL STATISTICS
VS-112, REV. 1/58

0821-79 -0400

see 2cc
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