

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY <i>Hidalgo</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Texas</i> b. COUNTY <i>Hidalgo</i>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <i>Pharr</i>		c. CITY OR TOWN (If outside city limits, give precinct no.) <i>McAllen</i>	
c. LENGTH OF STAY in l b. <i>5 mos.</i>		d. STREET ADDRESS (If rural, give location) <i>508 N. 27th St.</i>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <i>500 N. Jackson Rd.</i>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH 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 <i>Maynard</i> (b) Middle <i>George</i> (c) Last <i>Hannah</i>		4. DATE OF DEATH <i>May 6, 1974</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Black</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>August 15, 1945</i>
9. AGE (In years last birthday) <i>28</i>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Minutes _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Wholesale Cosmetics</i>	
11. BIRTHPLACE (State or foreign country) <i>McAllen, Texas</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Floyd Lewis Hannah</i>		14. MOTHER'S MAIDEN NAME <i>Vera Lee Darden</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes Vietnam War</i>		16. SOCIAL SECURITY NO. <i>455-80-8641</i>	
17. INFORMANT <i>Vera Lee Hannah mother</i>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TEXAS DEPARTMENT OF HEALTH IMMEDIATE CAUSE (a) <i>Death due to self-inflicted gunshot wound</i>		INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>
DUE TO (b) _____		
DUE TO (c) _____		

MEDICAL CERTIFICATION

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.) <i>Deceased shot himself in chest with pistol.</i>
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ <i>uncertain a.m. 5 6 1974</i>		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <i>in restaurant</i>	20f. CITY, TOWN, OR LOCATION <i>Pharr</i>
		COUNTY <i>Hidalgo</i> STATE <i>Texas</i>
21. I hereby certify that I attended the deceased from <i>after death only</i> after death only and last saw the deceased alive on <i>after death only</i> 19 <i>approximately 1:00 P.</i> 19 <i>after death only</i> and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Teresa R. Palacios</i>	(Degree or title) <i>Teresa R. Palacios, P.</i>	22b. ADDRESS <i>301 N. Cage, Pharr, Texas</i>
		22c. DATE SIGNED <i>9/11/74</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal-burial</i>	23b. DATE <i>5/9/74</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Roselawn Cemetery</i>
23d. LOCATION (City, town, or county) (State) <i>McAllen Texas</i>	24. FUNERAL DIRECTOR'S SIGNATURE <i>H. M. Kreidler 4553 H.M. Kreidler</i>	
25a. REGISTRAR'S FILE NO. <i>19</i>	25b. DATE REC'D BY LOCAL REGISTRAR <i>9-11-74</i>	25c. REGISTRAR'S SIGNATURE <i>Dora H. Darga By Dora D. Vela</i>