a. COUNTY	ta dia nytanik kapi di		2. USUAL RESIDENCE (Where decea	h com		mission)
	MONTGOMERY		TEXAS		MONTG	OMERY
b. CITY OR TOWN (IF	outside city limits, give precinct	no.) c. LENGTH OF STAY	c. CITY OR TOWN (If outside	city limits, give precinc	t no.)	regar to 6/28/5
	MAGNOLIA	RESIDENCE	PCT. #	3	MAGNOL	TA
d. NAME OF (If not in he HOSPITAL OR	ospital, give street address)		d. STREET ADDRESS (If rural, g	ive location)	MERBROSES I	or the arrival terrain
	1814 WALNUT	CREEK DRIVE	31814 WALNUT	CREEK D	RIVE	
. IS PLACE OF DEATH	H INSIDE CITY LIMITS?	The state of the s	IS RESIDENCE INSIDE CIT		f. IS RESIDENCE C	ON A FARM?
	YES	Мо Ж	YES	NOIS	YES	l no
3. NAME OF DECEASED	a) First	(b) Middle	(c) Lost	. DATE OF DEATH		ONL WATER SE
(Type or print) JOH	N	CARL	DENSON	NOVEMBER	19. 19	76
5. SEX	6. COLOR OR RACE	7.	8. DATE OF BIRTH	9. AGE (In years	IF UNDER I YEA	AR I IF UNDER 24
MALE	WHITE	Married ☐ Never Married ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	JULY 16, 1928	last birthday) 48	Months Days	Hours Min
IOa. USUAL OCCUPATION	Give kind of work done 10b. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign co		12. CITIZEN OF	WHAT COUNTRY
during most of working life	, even if retired)					related to a sing
ELECTRICIA	N EL	ECTRICAL IND.	HOUSTON TEXA	.5	U.S.A.	
	. DENGON					
J 11 15. WAS DECEASED EVER	M DENSON N U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	I7, INFORMANT	ERTIE Mo	COWAN	The second of the second
(Yes, no, or unknown) (If ye	s, give war or dates of service)		2000	10	-000	\sim
NO		456-38-1304	KIMMIN	NU	YUUY	Principles Modelly of
PART I. DEATH W	Enter only one cause per line			,		ONSET AND DEATH
TAKE I. DEATH I	IMMEDIATE CAUSE	w Gunshots	penetrating	hear	1	
# CLUSTON S	IMMEDIATE CAUSE				The second second second second	THE PARTY
Conditions, if any, which gave rise to		Annets to	vounds to	chert		
abovo causo (a).	DUE TO	(b) COM SHOT	ovories 10	-110 51		THE RESERVE AND ADDRESS.
stating the under-						
Tring the under		ALTH RESOURCES				
The destate last.	DUE TO	(c)	ELATED TO THE TERMINAL DISEASE C	CONDITION GIVEN IN	N PART I(a)	9. WAS AUTOPSY
The destate last.	DUE TO		ELATED TO THE TERMINAL DISEASE C	CONDITION GIVEN IN	N PART I(a)	9. WAS AUTOPSY FORMED?
The destate last.	DUE TO GNIFICANT CONDITIONS O	(c)CONTRIBUTING TO DEATH BUT NOT R				
Thing topse last: 17	DUE TO GNIFICANT CONDITIONS O	(c) CONTRIBUTING TO DEATH BUT NOT R CS 20b. DESCRIBE HOW INJURY OC	CURRED, (Enter nature of injury in Part			FORMED?
RECEIPED OTHERS	GNIFICANT GONDITIONS OF	CONTRIBUTING TO DEATH BUT NOT R CS 206. DESCRIBE HOW INJURY OC				FORMED?
Thing topse last: 17	GNIFICANT CONDITIONS OF STATIST MONTH Day Ye	CONTRIBUTING TO DEATH BUT NOT R CS 20b. DESCRIBE HOW INJURY OC	CURRED, (Enter nature of injury in Part			FORMED?
REAL DOTHERS REAL DOTHERS 20. BURGEBERT OF 20c. TIME OF Hour	GNIFICANT GONDITIONS OF	CONTRIBUTING TO DEATH BUT NOT R CS 20b. DESCRIBE HOW INJURY OC	CURRED, (Enter nature of injury in Part			FORMED?
T. M. A.	Month Day Ye	CONTRIBUTING TO DEATH BUT NOT R CS 20b. DESCRIBE HOW INJURY OC ar L URY (e.g., in or about home, farm, factory,	CURRED. (Enter nature of injury in Part Wounds to	or Part II of Item 18.		YES NO
T. M. A.	Month Day Ye	CONTRIBUTING TO DEATH BUT NOT R CS 20b. DESCRIBE HOW INJURY OC Ar COUNS hot URY (e.g., in or about home, farm, factory, Iding, etc.)	CURRED. (Enter nature of injury in Part Wounds to	or Part II of Item 18.		YES NO
TOTAL POPULATION OF HOUR SINGLE AT DE LA SCHOENT OF HOUR SINGL	Month Day Ye. 20e. PLACE OF INJUSTING THE STREET, office builting to the street, office builting to the street.	CONTRIBUTING TO DEATH BUT NOT R CS 20b. DESCRIBE HOW INJURY OC TUNS hot URY (a.g., in or about home, farm, factory, Iding, etc.) In Home	CURRED. (Enter nature of injury in Part WOUNDS TO 201. CITY, TOWN, OR LOCATION 31814 WALNUT	or Part II of Item 18.	Y Nontejome	FORMED? YES NO STATE
TOTAL POPULATION OF HOUR SINGLE AT DE LA SCHOENT OF HOUR SINGL	Month Day Ye. 20e. PLACE OF INJUSTING THE STREET, office builting to the street, office builting to the street.	CONTRIBUTING TO DEATH BUT NOT R	CURRED. (Enter nature of injury in Part WOUNDS TO 201. CITY, TOWN, OR LOCATION 31814 WALnut Leard to Body	Chest Count Count	Y Nontojume	STATE
PART TO THERES 20. BUASSIDENT OF 20c. TIME OF Hour INJURY 20d. INJURY OCCURRE WHILE AT NOT WO 21. Thereby certify that I	Month Day Ye. 20e. PLACE OF INJUSTING THE STREET, office builting to the street, office builting to the street.	CONTRIBUTING TO DEATH BUT NOT R CS 20b. DESCRIBE HOW INJURY OC AT CONTRIBUTING TO DEATH BUT NOT R CONTRIBUTING TO DEATH BUT NOT R AT CONTRIBUTING TO DEATH BUT NOT R AT CONTRIBUTING TO DEATH BUT NOT R LINE TO THE CONTRIBUTION OF THE CONTRIBU	CURRED. (Enter nature of injury in Part WOUNDS TO 20f. CITY, TOWN, OR LOCATION 31814 WALnut 1814 LAL Nut 1814 P. M. on the date sta	Chest Count Count	Y Nontome	STATE ST
TOTAL POPULATION OF HOUR SINGLE AT DE LA SCHOENT OF HOUR SINGL	Month Day Ye. 20e. PLACE OF INJUSTING THE STREET, office builting to the street, office builting to the street.	CONTRIBUTING TO DEATH BUT NOT R	CURRED. (Enter nature of injury in Part WOUNDS TO 201. CITY, TOWN, OR LOCATION 31814 WALnut Leard to Body	Chest Count Count	Y Nontome	STATE STATE STATE Fy Ge, from the causes 22c. DATE SIGNED
20c. Time OF Hour INJURY P.M. 20d. INJURY OCCURRE WHILE AT IT AT WOR 21. I hereby certify that I on 220. SIGMATURE	DUE TO DUE TO SUICIDE STATIST Month Day Ye 11 19 77 D 20e. PLACE OF INJUSTICE Street, office builting attended the deceased from	CONTRIBUTING TO DEATH BUT NOT R CS 20b. DESCRIBE HOW INJURY OC TUNShot URY (a.g., in or about home, farm, factory, Iding, etc.) In Home Liquest encurred at. (Degree on title)	CURRED. (Enter nature of injury in Part WOUNDS TO 20f. CITY, TOWN, OR LOCATION 31814 WAL nut 1814 Body 8:45 P. m. on the date ste 122b. ADDRESS AT 1824 1204	Chest Count Cr. Dr. Manuel Manuel	Y Nontome	STATE ST
PART TO THERES 20. BUASSIDENT OF 20c. TIME OF Hour INJURY 20d. INJURY OCCURRE WHILE AT NOT WO 21. Thereby certify that I	Month Day Ye 19 77 D 20e. PLACE OF INJI street, office built was attended the deceased from REMOVAY (Specify)	CONTRIBUTING TO DEATH BUT NOT R	20f. CITY, TOWN, OR LOCATION 3 18 14 WAL nut 12 P. m. on the date sta 12 P. M. ADDRESS ALL BOY 12 P. M. 23 C. NAME OF CEMETERY OR C	Chest Count Cr. Dr. D Ited above, and to the	Y Nontome	STATE STATE STATE Fy Ge, from the causes 22c. DATE SIGNED
20c. Time OF Hour INJURY P.M. 20d. INJURY OCCURRE WHILE AT IT AT WOR 21. I hereby certify that I on 220. SIGMATURE	Month Day Ye 19 77 D 20e. PLACE OF INJI street, office built was attended the deceased from REMOVAY (Specify)	CONTRIBUTING TO DEATH BUT NOT R	20f. CITY, TOWN, OR LOCATION 3 18 14 WAL nut 12 P. m. on the date sta 12 P. M. ADDRESS ALL BOY 12 P. M. 23 C. NAME OF CEMETERY OR C	Chest Count Cr. Dr. D Ited above, and to the	Y Nontome	STATE STATE STATE Fy Ge, from the causes 22c. DATE SIGNED
200. BLASCIDENT OF 200. BLASCIDENT OF 200. TIME OF Hour INJURY 201. Horeby certify that I 2239, BURIAL, CREMATION, BURIA	Month Day Ye 19 77 D 20e. PLACE OF INJI street, office built was attended the deceased from REMOVAY (Specify)	CONTRIBUTING TO DEATH BUT NOT R CS 20b. DESCRIBE HOW INJURY OC TUNShot URY (a.g., in or about home, farm, factory, Iding, etc.) In Home Liquest encurred at. (Degree on title)	20f. CITY, TOWN, OR LOCATION 3 18 14 WAL nut Body 22b. ADDRESS 23c. NAME OF CEMETERY OR C	Chest Count Co	Nontagome. 1976 and labest of my knowledge Lax	STATE STATE FY STATE FY Tensis saw the decease ge, from the causes 22c. DATE SIGNED
200. BUASCIDENT OF Hour INJURY P.M. 200. INJURY OCCURRE WHILE AT [] NOT WORK WORK AT [] AT WOR 21. 1 hereby certify that I on 223. SIGNATURE [] LANGUAGE PROPERTY OF THE PROP	Month Day Ye Month	CONTRIBUTING TO DEATH BUT NOT RECONTRIBUTING TO DEATH OCCURRED AT THE DEATH OCCURRED AT THE DEATH OCCURRED AT THE RECONTRIBUTION OF THE DEATH OCCURRED AT THE RECONTRIBUTING TO DEATH BUT NOT RECONTRIBUTING TO DEATH DEAT	20f. CITY, TOWN, OR LOCATION 3 18 14 WAL nut Body 22b. ADDRESS 23c. NAME OF CEMETERY OR C	Chest Count Cr. Dr. D Interd above, and to the REMATOR THE KLE	Y Nontegome 1976 and labest of my knowled	STATE TY Total STATE TY Total
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TOTAL PARTY IN OTHER S PARTY IN OTHER S 20. BUASSIDENT OF 20. TIME OF INJURY 21. AT WOR 21. I hereby certify that I 22. SIGNATURE 23. SIGNATURE	Month Day Ye Month Street, office builting attended the deceased from Ly, town, or county) MONTGOMER 25b. DATE REC	CONTRIBUTING TO DEATH BUT NOT RECOVER TO THE PROPERTY OF THE P	20f. CITY, TOWN, OR LOCATION 3 18 14 WAL nut 120f. ADDRESS 23c. NAME OF CEMETERY OR C 24 ONCE DIRECTOR'S GIM	Chest Count Cr. Dr. D Interd above, and to the REMATOR THE KLE	Y Nontegome 1976 and labest of my knowled	STATE TY Total STATE TY Total