

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
STATE OF TEXAS  
COUNTY OF Dallas  
CITY OR PRECINCT NO. Dallas

2. FULL NAME OF DECEASED C. L. Miller  
GIVE STREET AND NUMBER OR NAME OF INSTITUTION 4016 Willow St.

LENGTH OF RESIDENCE WHERE DEATH OCCURRED 33 YEARS MONTHS DAYS (SOCIAL SECURITY NO. Unknown)

RESIDENCE OF THE DECEASED AND NO. 4016 Willow CITY Dallas COUNTY Dallas STATE Tex

13714

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL PARTICULARS	
3 SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	17. DATE OF DEATH <u>10-11</u> 194 <u>2</u>		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Inquest held</u> TO <u>10-11</u> 194 <u>2</u>	
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>Single</u>		6. DATE OF BIRTH <u>1909</u>		I LAST SAW HIM ALIVE ON _____ 194 <u>2</u>	
7. AGE <u>33</u> YEARS MONTHS DAYS IF LESS THAN 1 DAY	8A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Common Labor</u>		THE DEATH OCCURRED ON THE DATE STATED ABOVE AT <u>12:45 A.M.</u>		DURATION
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED <u>Odd jobs</u>	9. BIRTHPLACE (STATE OR COUNTRY) <u>Dallas Texas</u>		THE PRIMARY CAUSE OF DEATH WAS:		
10 NAME <u>Lee Miller</u>	11. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>		<u>Stab wound</u>		NOV 12 1942
12. MAIDEN NAME <u>Mary Everett</u>	13. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>		<u>in neck</u>		
14 SIGNATURE <u>Lee Miller</u>	15. PLACE OF BURIAL OR REMOVAL <u>City Cemetery Dallas TEXAS</u>		CONTRIBUTORY CAUSES WERE		NOV 12 1942
ADDRESS <u>4016 Willow Dallas TEXAS</u>	DATE <u>10-17</u> 194 <u>2</u>		IF NOT DUE TO DISEASE, SPECIFY WHETHER ACCIDENT, SUICIDE, OR HOMICIDE <u>Homicide</u>		
16 SIGNATURE <u>Henderson Wren J. Hawkins</u>	17. SIGNATURE <u>[Signature]</u>		DATE OF OCCURRENCE <u>10-11-42</u>		NOV 12 1942
ADDRESS <u>Dallas TEXAS</u>	ADDRESS <u>310 Court House Dallas TEXAS</u>		PLACE OF OCCURRENCE <u>4016 Willow St</u>		
20 FILE NUMBER <u>2800</u>	FILE DATE <u>Oct 13</u> 194 <u>2</u>	SIGNATURE OF LOCAL REGISTRAR <u>[Signature]</u>		MANNER OR MEANS <u>Knife wound</u>	
		REGISTRAR <u>Norman Humphreys</u>		IF RELATED TO OCCUPATION OF DECEASED, SPECIFY	
				SIGNATURE <u>[Signature]</u>	
				M.D. COR	
				POSTOFFICE ADDRESS <u>Dallas TEXAS</u>	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

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