STATE OF TEXAS 212-00-1 212-01 CERTIFICATE OF DEATH E874 66 STATE FILE NO. 94907

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Smith
b. CITY OR TOWN (If outside city limits, give precinct no.): Tyler
c. LENGTH OF STAY in I b.: 20 yrs.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 400 West 25th Street
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Texas
b. COUNTY: Smith
c. CITY OR TOWN (If outside city limits, give precinct no.): Tyler
d. STREET ADDRESS (If rural, give location): 400 West 25th Street
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (Type or print): (a) First: Billy (b) Middle: Lizine (c) Last: Alexander
4. DATE OF DEATH: 12-11-74
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married [ ] Never Married [ ] Widowed [ ] Divorced [X]
8. DATE OF BIRTH: 9-22-1941
9. AGE (In years last birthday): 33
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): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Texas College
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Warren Alexander
14. MOTHER'S MAIDEN NAME: Bennie Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 460-68-3758
17. INFORMANT: X Bennie Alexander

TEXAS DEPARTMENT OF HEALTH
REC'D JAN 14 1975
BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

18. DEATH WAS CAUSED BY: [Enter only one cause per line for (a), (b), and (c).]
PART I. IMMEDIATE CAUSE (a): Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: unk
Conditions, if any, which gave rise to above cause (a). DUE TO (b): inhalation of gas fumes
DUE TO (c):

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 [X]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.): deceased was found in bed room, on bed in sleep in home heating system an accident leak in the inter home was gaseous
20c. TIME OF INJURY: Hour 10 a.m. p.m. — Month 12 — Day 11 — Year 74
20d. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.): home
20f. CITY, TOWN, OR LOCATION: Tyler — COUNTY: Smith — STATE: Tx

21. I hereby certify that I attended the deceased from August 12-12, 1974 to _____, 19____ and last saw the deceased alive on _____, 19____. Death occurred at 10:00 P m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Mrs Leon Heath (Degree or title): JP
22b. ADDRESS: Tyler, Texas
22c. DATE SIGNED: 12-18 1974

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-16-74
23c. NAME OF CEMETERY OR CREMATORY: Evergreen Memorial Park
23d. LOCATION (City, town, or county): Tyler, Smith (State): Texas
24. FUNERAL DIRECTOR'S SIGNATURE: Brooks-Sterling Funeral Home — Roussell D. Jones 6755

25a. REGISTRAR'S FILE NO.: 960
25b. DATE REC'D BY LOCAL REGISTRAR: December 23, 1974
25c. REGISTRAR'S SIGNATURE: Marietta Crowder M.D.

VS-112, REV. 1/58