

1. PLACE OF DEATH a. COUNTY Harris			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas			b. COUNTY Harris			
b. CITY OR TOWN (If outside city limits, give precinct no.) Houston			c. LENGTH OF STAY in 1 b. Houston			c. CITY OR TOWN (If outside city limits, give precinct no.) Houston			
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Golden Age Manor 8810 Long Point			d. STREET ADDRESS (If rural, give location) 14955 Bramblewood						
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 Arthur		(b) Middle Eugene		(c) Last Bailey		4. DATE OF DEATH November 14, 1973	
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH November 25, 1893		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Recreational facilities		11. BIRTHPLACE (State or foreign country) Pearsall, Texas		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Thomas Smith Bailey				14. MOTHER'S MAIDEN NAME Caroline Pearce					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I			16. SOCIAL SECURITY NO. 467 03 7051			17. INFORMANT Mrs. M. L. Conley			
18. CAUSE OF DEATH (If applicable, give part (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: TEXAS DEPARTMENT OF HEALTH IMMEDIATE CAUSE (a) CORONARY HEART DISEASE Contributed, if any, which gave rise to above cause (a), stating the underlying cause last. REC'D DEC 31 1973 BUREAU OF VITAL STATISTICS								INTERVAL BETWEEN ONSET AND DEATH	
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 type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		Month _____		Day _____		Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I hereby certify that I attended the deceased from 10-9 1968 to 11-14 1973 and last saw the deceased alive on 9-19 1973 . Death occurred at 11:15 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE WM. F. OSSENFORT, JR. (Degree or title) <i>W. F. Ossenfort, Jr.</i>				22b. ADDRESS M.D. 9100 WESTHEIMER HOUSTON, TX				22c. DATE SIGNED 11-21-73	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE November 16, 1973		23c. NAME OF CEMETERY OR CREMATORY Hollywood Cemetery			
23d. LOCATION (City, town, or county) Houston				(State) Texas		24. FUNERAL DIRECTOR'S SIGNATURE <i>H. V. Denton</i> Settegast-Kopf Co. (H. V. Denton #5396)			
25a. REGISTRAR'S FILE NO. 11782		25b. DATE REC'D BY LOCAL REGISTRAR NOV. 27, 1973		25c. REGISTRAR'S SIGNATURE <i>W. B. Barrett</i>					