STATE OF TEXAS 128-02-1 128-02 CERTIFICATE OF DEATH 4109 30 STATE FILE NO. 35367

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Karnes
b. CITY OR TOWN (If outside city limits, give precinct no.): Kenedy
c. LENGTH OF STAY in I b.: Yrs.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 116 Booe 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: Karnes
c. CITY OR TOWN (If outside city limits, give precinct no.): Kenedy
d. STREET ADDRESS (If rural, give location): 116 Booe 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: Everett (b) Middle: L. (c) Last: Booe, Sr.

4. DATE OF DEATH: May 21, 1969

5. SEX: Male

6. COLOR OR RACE: White

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Sept. 28, 1890

9. AGE (In years last birthday): 78

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): Owner

10b. KIND OF BUSINESS OR INDUSTRY: Booe Lumber Company

11. BIRTHPLACE (State or foreign country): Mocksville, North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Phillip S. Booe

14. MOTHER'S MAIDEN NAME: Henrietta Farrias

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 449-54-7672

17. INFORMANT: Mrs. Analou P. Booe By JWS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

TEXAS DEPARTMENT OF HEALTH
REC'D JUN 9 1969
BUREAU OF VITAL STATISTICS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

IMMEDIATE CAUSE (a): acute myocardial infarction — Interval between onset and death: hours

DUE TO (b):

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): arteriosclerosis

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 5-13 19 69 to 5-21 19 69 and last saw the deceased alive on 5-13 19 69. Death occurred at 5:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C C Guillory (Degree or title): MD

22b. ADDRESS: Kenedy, Texas

22c. DATE SIGNED: 5/22/69

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/23/69

23c. NAME OF CEMETERY OR CREMATORY: City Cemetery

23d. LOCATION (City, town, or county): Kenedy (State): Karnes Texas

24. FUNERAL DIRECTOR'S SIGNATURE: John W. Stewart, Jr. Stewart Jr.

25a. REGISTRAR'S FILE NO.: 952

25b. DATE REC'D BY LOCAL REGISTRAR: 5-26-69

25c. REGISTRAR'S SIGNATURE: Bethel Lister

VS-112, REV. 1/58