

1. PLACE OF DEATH a. COUNTY El Paso			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas			b. COUNTY El Paso					
b. CITY OR TOWN (If outside city limits, give precinct no.) El Paso			c. LENGTH OF STAY in 1 b. 30 Years			c. CITY OR TOWN (If outside city limits, give precinct no.) El Paso					
d. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION Southwestern Genl Hospital			d. STREET ADDRESS (If rural, give location) 6532 Navajo Avenue			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
e. IS PLACE OF DEATH 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) CECIL BRADFORD GARAWAY			4. DATE OF DEATH June 9, 1974								
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH September 26, 1905	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Minutes	IF UNDER 24 HRS. Hours Minutes					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer			10b. KIND OF BUSINESS OR INDUSTRY Texas & Pacific RR			11. BIRTHPLACE (State or foreign country) Erath County, Texas			12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME William Caraway			14. MOTHER'S MAIDEN NAME Ara Wilson								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 520-09-7729			17. INFORMANT Mrs Harriet C Caraway-Wife					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I - DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastric Hemorrhage CONDITIONS, IF ANY, ABOVE CAUSING THE UNDERLYING CAUSE LISTED: Cirrhosis of liver PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b) RECORDED JUL 12 1974			INTERVAL BETWEEN ONSET AND DEATH 3 days 6 mo.								
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 Month Day Year a.m. p.m.											
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 El Paso		COUNTY El Paso		STATE Texas			
21. I hereby certify that I attended the deceased from <u>4/26/64</u> to <u>6/9/74</u> and last saw the deceased alive on <u>6/8/74</u> . Death occurred at <u>8:55 A.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Andrew J. Eck			22b. ADDRESS 5970 Alameda Ave El Paso, Tex			22c. DATE SIGNED 6/10/74					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE June 11, 1974			23c. NAME OF CEMETERY OR CREMATORY Gordon Cemetery					
23d. LOCATION (City, town, or county) Gordon Texas			24. FUNERAL DIRECTOR'S SIGNATURE Kaster-Maxon & Futrell-Keith Futrell								
25a. REGISTRAR'S FILE NO. 1054			25b. DATE REC'D BY LOCAL REGISTRAR JUN 10 1974			25c. REGISTRAR'S SIGNATURE J. W. Fields					