

015-1-20 - 015-1-18

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

STATE FILE NO.

6376

1. PLACE OF DEATH a. COUNTY <b>Bezar</b>			2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>Bezar</b>		
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR <b>Died at Ft Sam Houston</b> TOWN <b>Resided in San Antonio</b>		c. LENGTH OF STAY (in this place) <b>5 years</b>	c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <b>San Antonio</b>		d. STREET ADDRESS (If rural, give location) <b>101 North Flores Street</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Brooke Army Hospital</b>					
3. NAME OF DECEASED (Type or Print) <b>Alex</b>	a. (First)	b. (Middle) <b>Vernon</b>	c. (Last) <b>Freeman</b>	4. DATE OF DEATH <b>21 February 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>5 July 1893</b>	9. AGE YEARS <b>59</b>	MONTHS <b>7</b>
DAYS <b>16</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (State or foreign country) <b>Texas</b>		
12. FATHER'S NAME <b>Charles Freeman</b>		BIRTHPLACE <b>Texas</b>	13. MOTHER'S MAIDEN NAME <b>Frances Taylor</b>		BIRTHPLACE <b>Unknown</b>
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>	15. SOCIAL SECURITY NO. <b>465-07-8440</b>	16. INFORMANT'S SIGNATURE <b>Official Records</b> <b>Brooke Army Hospital, Fort Sam Houston, Texas</b>			
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tuberculosis, pulmonary, bilateral, active</b>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) --- DUE TO (c) ---	TEXAS DEPARTMENT OF HEALTH REC'D MAR 11 1953 BUREAU OF VITAL STATISTICS	INTERVAL BETWEEN ONSET AND DEATH <b>2-3 years</b>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Gangrene, right foot, Due to: Thrombosis, aorta.</b>	14 days				
18a. DATE OF OPERATION <b>10 February 1953</b>	18b. MAJOR FINDINGS OF OPERATION <b>Bilateral lumbar sympathectomy</b>			19. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify) ---	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---	20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE) ---			
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>hosp staff</b>	20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. HOW DID INJURY OCCUR <b>hosp staff</b>			
21. I hereby certify that I attended the deceased from <b>9 February, 1953</b> , to <b>21 February, 1953</b> , that I last saw the deceased alive on <b>21 February 53</b> , and that death occurred at <b>4:10 P.M.</b> , from the causes and on the date stated above.					
22a. SIGNATURE (Type or Print) <b>G. R. DONNER, JR., Lt Col, MSC</b> <b>Chief, Medical Records and Reports Div</b>		22b. ADDRESS <b>Brooke Army Hospital</b> <b>Fort Sam Houston, Texas</b>		22c. DATE SIGNED <b>25 Feb 53</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 25, 1953</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ft. Sam Houston National Cemetery</b>			
23d. LOCATION (City, town, or county) (State) <b>Ft. Sam Houston, Texas</b>	24. FUNERAL DIRECTOR'S SIGNATURE <b>Ala., Funeral Home By: LeLon Cude, 3317</b>				
25a. REGISTRAR'S FILE NO. <b>738</b>	25b. DATE REC'D BY LOCAL REGISTRAR <b>FEB 26 1953</b>	25c. REGISTRAR'S SIGNATURE <b>Stuart C. Fisher</b>			