

1. PLACE OF DEATH a. COUNTY NUECES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE TEXAS		b. COUNTY NUECES	
b. CITY OR TOWN (If outside city limits, give precinct no.) CORPUS CHRISTI		c. LENGTH OF STAY in l. b. 15 YRS.		c. CITY OR TOWN (If outside city limits, give precinct no.) CORPUS CHRISTI	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION MEDICENTER		d. STREET ADDRESS (If rural, give location) 1001 AYERS			
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) HARVEY		(a) First H.		(c) Last GRUBB	
5. SEX MALE		6. COLOR OR RACE WHITE		4. DATE OF DEATH JANUARY 25, 1970	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPTEMBER 18, 1890		9. AGE (In years, last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY ARANSAS COMPRESS		11. BIRTHPLACE (State or foreign country) Not available	
12. CITIZEN OF WHAT COUNTRY? USA.		13. FATHER'S NAME NOT AVAILABLE		14. MOTHER'S MAIDEN NAME NOT AVAILABLE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT JAMES BEARD	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TEXAS DEPARTMENT OF HEALTH IMMEDIATE CAUSE (a) Multiple Autolitic C.A. protote REC'D FEB 10 1970 above cause (a), stating the under- BUREAU OF VITAL STATISTICS DUE TO (b) Emaciation. TO (c)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERNAL DEATH CERT AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					
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		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 September 12 19 69 to January 25 19 70 and last saw the deceased alive on January 25 19 70 Death occurred at 12:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Doctor or title) <i>[Signature]</i>		22b. ADDRESS 1546 S. Brownlee	
22c. DATE SIGNED 1/27/70		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JANUARY 25, 1970	
23c. LOCATION (City, town, or county) CORSICANA, TEXAS		23d. NAME OF CEMETERY OR CREMATORY CORSICANA CEMETERY		24. FUNERAL DIRECTOR'S SIGNATURE CAGE-MILLS FUNERAL HOME BY: [Signature]	
25a. REGISTRAR'S FILE NO. 98		25b. DATE REC'D BY LOCAL REGISTRAR JAN 28 1970		25c. REGISTRAR'S SIGNATURE W. R. Mc... M.D.	