

1. PLACE OF DEATH a. COUNTY Gregg		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Texas		b. COUNTY Gregg	
b. CITY OR TOWN (If outside city limits, give precinct no.) Longview		c. LENGTH OF STAY (in 1 b.) 40 years		c. CITY OR TOWN (If outside city limits, give precinct no.) Longview	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Good Shepherd Hosp.		d. STREET ADDRESS (If rural, give location) 616 Young Street			
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) Ernest Lee		(a) First		(b) Middle	
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 Dec. 19, 1900		9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Professional Ball Player		10b. KIND OF BUSINESS OR INDUSTRY N. Giants - Memphis		11. BIRTHPLACE (State or foreign country) Maypearl, Texas	
13. FATHER'S NAME William H. Jeanes		14. MOTHER'S MAIDEN NAME Elizabeth Wells		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Annie H. Jeanes (Wife)	
18. CAUSE OF DEATH (Give only one cause per line for (a), (b), and (c).) IMMEDIATE CAUSE (a) Carcinoma of lung (Anaplastic Squamous)		19. INTERVAL BETWEEN ONSET AND DEATH 16 months		20. 14 days	
RECD. if above cause (a), stating the under- BUREAU OF VITAL STATISTICS MAY 10 1973		DUE TO (b) Bronchopneumonia		DUE TO (c) Cell	
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 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 COUNTY STATE	
21. I hereby certify that I attended the deceased from on 4/5 19 73 Death occurred at 12:25 P m. on the date stated above, and to the best of my knowledge, from the causes stated		19. CG to april 5, 1973 and last saw the deceased alive			
22a. SIGNATURE [Signature]		22b. ADDRESS 701 No 16th Longview, TX 75801		22c. DATE SIGNED 4/11/73	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 7, 1973		23c. NAME OF CEMETERY OR CREMATORY Memory Park Cemetery	
23d. LOCATION (City, town, or county) (State) Longview Texas		24. FUNERAL DIRECTOR'S SIGNATURE Rader Funeral Home [Signature] 2561			
25a. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR APR 11 1973		25c. REGISTRAR'S SIGNATURE [Signature]; by: L. Scott, Deputy	

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/68