

1. PLACE OF DEATH a. COUNTY Hidalgo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Hidalgo	
b. CITY OR TOWN (If outside city limits, give precinct no.) No Alton		c. LENGTH OF STAY in 1 b. 1 Month	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION No Alton General Hospital		d. STREET ADDRESS (If rural, give location) 908 West 20th 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"/>	
3. NAME OF DECEASED (Type or print) (a) First Paul (b) Middle O. (c) Last Johnson		4. DATE OF DEATH Feb. 14, 1973	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 2, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY 011	9. AGE (In years last birthday) 76
11. BIRTHPLACE (State or foreign country) Conn.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME UNK.		14. MOTHER'S MAIDEN NAME UNK.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or how) (If yes, give branch, grade, or service) YES NW 1		16. SOCIAL SECURITY NO. 449-05-1373	17. INFORMANT Mrs. Mabel O. Johnson -- Wife
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) TEXAS DEPARTMENT OF HEALTH REC'D MAR 15 1973 BUREAU OF VITAL STATISTICS IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days 4 days	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 _____ m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	
20e. CITY, TOWN, OR LOCATION CITY _____ STATE _____		20f. CITY, TOWN, OR LOCATION CITY _____ STATE _____	
21. Thereby certify that I attended the deceased from 2-10-73 to 2-14-1973 and last saw the deceased alive on 2-14-1973 . 19. Death occurred at 6:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.		21. Thereby certify that I attended the deceased from _____ to _____ and last saw the deceased alive on _____.	
21a. SIGNATURE M. D.		21b. ADDRESS No Alton, Texas	
21c. DATE SIGNED 2-16-1973		21c. DATE SIGNED 2-16-1973	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-17-1973	
23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cem.		23d. FUNERAL DIRECTOR'S SIGNATURE Virgil Wilson & Sons Mort.	
23d. LOCATION (City, town, or county) Mission, Texas		23e. REGISTRAR'S SIGNATURE Virgil Wilson & Sons Mort.	
25a. REGISTRAR'S FILE NO. 125		25b. DATE REC'D BY LOCAL REGISTRAR FEB 16 1973	
25c. REGISTRAR'S SIGNATURE Virgil Wilson & Sons Mort.		25c. REGISTRAR'S SIGNATURE Virgil Wilson & Sons Mort.	