

021-01-2 021-01

4200 25

CERTIFICATE OF DEATH

STATE FILE NO.

25973

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY Cameron		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Texas b. COUNTY Cameron	
b. CITY OR TOWN (If outside city limits, give precinct no.) Brownsville		c. LENGTH OF STAY In 1 b. 12 yrs.	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location) 184 Iowa Ave.	
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) Frank		4. DATE OF DEATH May 4, 1961	
(a) First Frank		(b) Middle	
(c) Last Jude			
5. SEX Male		6. DATE OF BIRTH 1884 76	
7. COLOR OR RACE Indian		8. AGE (In years last birthday) 76	
9. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	
11. BIRTHPLACE (State or foreign country) Minn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
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. 469-05-4095	
17. INFORMANT Mrs. May Weinbrecht			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease, decompensated			INTERVAL BETWEEN ONSET AND DEATH 7 1/2 years
DUE TO (b) TEXAS DEPARTMENT OF HEALTH REC'D JUN 12 1961 BUREAU OF VITAL STATISTICS			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			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 _____ s.m. _____ p.m. _____ Month _____ Day _____ Year _____			
20d. INJURY OCCURRED WHOLE AT WORK <input type="checkbox"/> NOT WHOLE 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 Brownsville		COUNTY Cameron	
20g. STATE Texas			
21. I hereby certify that I attended the deceased from November, 1954 to 4 May 1961 and last saw the deceased alive on 3 of 61 19____ Death occurred at 6:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated			
22a. Dr. J. L. ...		22b. ADDRESS 105 W. Elizabeth St., Brownsville	
22c. DATE SIGNED 5 May 1961			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. TIME M 6 19 1	
23c. NAME OF CEMETERY OR CREMATORY M O			
23d. LOCATION (City, town, or county) Bro v county		23e. FUNERAL DIRECTOR'S SIGNATURE The Darli	
23f. REGISTRAR'S FILE #		23g. REGISTRAR'S SIGNATURE W. V. ...	
24. DATE REC'D BY LOCAL REGISTRAR 5-1			

VS-112, REV. 1/58