

1. PLACE OF DEATH a. COUNTY <b>Bexar</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Kleberg</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>San Antonio, Texas</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Kingsville</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Audie L Murphy Memorial Veterans Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>511 West Avenue B</b>	
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) (a) First <b>Elmer</b> (b) Middle <b>Russell</b> (c) Last <b>Knight</b>		4. DATE OF DEATH <b>July 30, 1976</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>01-12-95</b>
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months Days Hours Minutes	IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baseball Player</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Professional Sports</b>	11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>John Henry Knight</b>	
14. MOTHER'S MAIDEN NAME <b>Myra Phillips</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>WW I</b>	
16. SOCIAL SECURITY NO. <b>502-07-0972A</b>		17. INFORMANT <b>VA Medical Records</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>GENERALIZED ARTERIOSCLEROSIS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS 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 SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY			
20d. INJURY OCCURRED		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 <b>July 23</b> <b>1976</b> to <b>July 30</b> <b>1976</b> and last saw the deceased alive on <b>July 30</b> <b>1976</b> Death occurred at <b>1:37 P.</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J.E. KEEVER M.D.</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>7400 Merton Minter Blvd. San Antonio, Texas 78284</b>	
22c. DATE SIGNED <b>7-30-76</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL-BURIAL</b>		23b. DATE <b>July 30, 1976</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>DE LEON FUNERAL HOME</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>S. M. Wainwright</b>	
23d. LOCATION (City, town, or county) <b>DE LEON, TEXAS</b>		25. REGISTRAR'S SIGNATURE <b>S. M. Wainwright</b>	
25a. REGISTRAR'S FILE NO. <b>4273</b>		25b. DATE REC'D BY LG <b>AUG-2-76</b>	

TEXAS DEPARTMENT OF HEALTH RESOURCES - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

So 4409

VS-112, REV. 1/58

TEXAS DEPARTMENT OF HEALTH RESOURCES  
REC'D AUG 20 1976  
BUREAU OF VITAL STATISTICS