

1. PLACE OF DEATH a. COUNTY Grayson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Grayson	
b. CITY OR TOWN (If outside city limits, give precinct no.) Sherman		c. CITY OR TOWN (If outside city limits, give precinct no.) Sherman	
c. LENGTH OF STAY in l.h. 4 years		d. STREET ADDRESS (If rural, give location) 1308 East Jones	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Sherman Community Hospital		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
a. IS PLACE OF DEATH 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) ROY REID LESLIE, Sr.		4. DATE OF DEATH April 9, 1972	
(a) First ROY		(b) Middle REID	
(c) Last LESLIE, Sr.		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 Aug. 23, 1894		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer		10b. KIND OF BUSINESS OR INDUSTRY Groceries	
11. BIRTHPLACE (State or foreign country) Bailey, Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Leslie		14. MOTHER'S MAIDEN NAME Lou Fenner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no xxx		16. SOCIAL SECURITY NO. 451-09-0948	
17. INFORMANT Mrs. Nina Leslie Mrs. Nina Leslie - Wife			

18. IMEDIATE CAUSE (a) Myocardial infarction Artery		INTERVAL BETWEEN ONSET AND DEATH	
BUREAU OF VITAL STATISTICS REC'D MAY 9 1972			

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 _____ 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 Sherman, Texas		COUNTY _____ STATE _____	
21. I hereby certify that I attended the deceased from 4-4-68 to 4-9-72 and last saw the deceased alive on 4-9-72 . Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 4-13-72	
22a. SIGNATURE Joe C. Denton, Jr.		22b. ADDRESS Sherman, Texas	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE April 9, 1972	
23c. NAME OF CEMETERY OR CREMATORY Arledge Ridge Cemetery		23d. FUNERAL DIRECTOR'S SIGNATURE Joe C. Denton, Jr.	
23d. LOCATION (City, town, or county) (State) Fannin County, Texas		23e. REGISTRAR'S SIGNATURE J. Spears	
25a. REGISTRAR'S FILE NO. 72-155		25b. DATE REC'D BY LOCAL REGISTRAR 4-17-72	