

1. PLACE OF DEATH a. COUNTY Harris			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Harris		
b. CITY OR TOWN (If outside city limits, give precinct no.) Baytown		c. LENGTH OF STAY in 1 b. 35 yrs	c. CITY OR TOWN (If outside city limits, give precinct no.) Baytown		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION San Jacinto Memorial Hospital			d. STREET ADDRESS (If rural, give location) 3205 1/2 Wisconsin		
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 Malcolm (b) Middle Joseph (c) Last McDonald			4. DATE OF DEATH May 30, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH April 9, 1888	9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Protection	10b. KIND OF BUSINESS OR INDUSTRY Humble Oil		11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Angus McDonald			14. MOTHER'S MAIDEN NAME Catherine Boulter		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW 1	17. INFORMANT Fred B. McDonald		
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					INTERVAL BETWEEN ONSET AND DEATH 3 years
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 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Emphysema, pulmonary, senile--					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.) none		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Baytown, Harris, Texas		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION Baytown, Harris, Texas		
21. I hereby certify that I attended the deceased from 1957 to 5/30/63 and last saw the deceased alive on 5/30/63 . Death occurred at 6:45 am on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE M. E. Hunter, Jr., M.D.			22b. ADDRESS 1009 Polly Street, Baytown, Texas		22c. DATE SIGNED 6/5/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 1, 1963	23c. NAME OF CEMETERY OR CREMATORY Cedar Crest		
23d. LOCATION (City, town, or county) Baytown		23e. (State) Texas	24. FUNERAL DIRECTOR'S SIGNATURE Earthman Funerals-Joe Speck #2813 Joe Speck		
25a. REGISTRAR'S FILE NO. 79-A		25b. DATE REC'D BY LOCAL REGISTRAR 6-11-1963	25c. REGISTRAR'S SIGNATURE Edna Olson		