

1. PLACE OF DEATH a. COUNTY <b>Harris</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Harris</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Houston</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Houston</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Heights Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1415 Harvard Street</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>Walter</b> (b) Middle <b>Howard</b> (c) Last <b>McGrew</b>			4. DATE OF DEATH <b>August 21, 1967</b>	
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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>Aug. 5, 1899</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS: Hours _____ Minutes _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrical Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Electric</b>	11. BIRTHPLACE (State or foreign country) <b>Yoakum, Texas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13. FATHER'S NAME <b>Joseph M. McGrew</b>	14. MOTHER'S MAIDEN NAME <b>Mary Theresa Ryan</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>449-05-3504-A</b>	17. INFORMANT <i>Mrs W. H. McGrew</i>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Heart Disease</i> DUE TO (b) <i>Arteriosclerotic Heart Disease</i> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>3 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Pneumonia - Bronchopneumonia; Hemiparesis; Deafness; Diabetes</i>		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.)
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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 <b>BUREAU OF COUNTY VITAL STATISTICS</b> STATE _____
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21. I hereby certify that I attended the deceased from *3/23* 19 *62* to *8/21* 19 *67* and last saw the deceased alive on *8/21* 19 *67*. Death occurred at *3:50 P.M.* m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Edmond D. [Signature]</i>	(Degree or title)	22b. ADDRESS <i>411 W 20th Houston</i>	22c. DATE SIGNED <i>8/23/67</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>August 23, 1967</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rosewood Cemetery</b>
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23d. LOCATION (City, town, or county) (State) <b>Houston Harris; Texas</b>	24. FUNERAL DIRECTOR'S SIGNATURE <i>Sam H. Green</i> <b>Sam H. Green Funeral Home #2492 #2962</b>
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25a. REGISTRAR'S FILE NO. <b>6704</b>	25b. DATE REC'D BY LOCAL REGISTRAR <b>AUG. 29, 1967</b>	25c. REGISTRAR'S SIGNATURE <i>A. N. Alban</i>
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TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58