

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. LENGTH OF STAY in 1 b. <b>60 yrs.</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>231 Delmar St.</b>			d. STREET ADDRESS (If rural, give location) <b>231 Delmar St.</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>GLENN</b>			(b) Middle <b>C.</b>			(c) Last <b>MYATT</b>				
4. DATE OF DEATH <b>August 9, 1969</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>July 9, 1897</b>			9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Prof. Baseball Player</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Baseball</b>			11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Louis Myatt</b>			14. MOTHER'S MAIDEN NAME <b>Carrie Terry</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes, give war or dates of service) <b>Yes World War I</b>			16. SOCIAL SECURITY NO. <b>461-01-5378-A</b>	
17. INFORMANT <b>Mrs. Luella Myatt</b>			18. CAUSE OF DEATH (Enter only one line for (a), (b), and (c).) <b>cardiovascular accident</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 weeks</b>				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
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 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 COUNTY STATE	
21. I hereby certify that I attended the deceased from <b>7/3/66</b> to <b>7/31/69</b> and last saw the deceased alive on <b>7/31/69</b> . Death occurred at <b>12:10 a.</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.			22a. SIGNATURE <b>Madeline Guady M.D.</b>			22b. ADDRESS <b>810 Caroline, Houston, Tex.</b>			22c. DATE SIGNED <b>8/13/69</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE <b>August 11, 1969</b>			23c. NAME OF CEMETERY OR CREMATORY <b>Forest Park Lawndale Cemetery</b>			24. FUNERAL DIRECTOR'S SIGNATURE <b>Ernest Rabby</b>	
23d. LOCATION (City, town, or county) <b>Houston</b>			(State) <b>Texas</b>			25a. REGISTRAR'S FILE NO. <b>07452</b>			25b. DATE REC'D BY LOCAL REGISTRAR <b>AUG. 15, 1969</b>	
25c. REGISTRAR'S SIGNATURE <b>J. H. Allen</b>										