

1. PLACE OF DEATH a. COUNTY <b>Tarrant</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Tarrant</b>		
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Haltom City</b>		c. LENGTH OF STAY in 1 b. <b>45 yrs.</b>	c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Haltom City</b>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>3417 Denton Highway</b>			d. STREET ADDRESS (If rural, give location) <b>3417 Denton Highway</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>Mr. Arthur</b> (b) Middle <b>Thomas</b> (c) Last <b>Phelan</b>			4. DATE OF DEATH <b>December 27, 1964</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>August 14, 1889</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Deputy Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>County Tax Office</b>	11. BIRTHPLACE (State or foreign country) <b>Lincoln, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Not Available</b>			14. MOTHER'S MAIDEN NAME <b>Not Available</b>		
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.	17. INFORMANT <i>Arthur T. Phelan Jr.</i>		
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>Acute circulatory failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Anemia</b> DUE TO (c) <b>Myelofibrosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b> <b>1 year</b> <b>1 year</b>
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.) <b>TEXAS DEPARTMENT OF HEALTH REC'D JAN 7 1965 BUREAU OF VITAL STATISTICS COUNTY STATE</b>		
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 LOCALITY
21. I hereby certify that I attended the deceased from <b>Nov 2-1-64</b> 19 to <b>12-27-64</b> 19 and last saw the deceased alive on <b>12-27-64</b> 19. Death occurred at <b>7:40 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>R. Dean D.O.</i>			22b. ADDRESS <b>1001 Marlborough Fort Worth</b>		22c. DATE SIGNED <b>12-28-64</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		23b. DATE <b>December 30, 1964</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Land Crematory</b>		
23d. LOCATION (City, town, or county) <b>Fort Worth</b>		23e. STATE <b>Texas</b>	24. FUNERAL DIRECTOR'S SIGNATURE <b>Robertson-Mueller-Harper</b> <i>J. Harper 3715</i>		
25a. REGISTRAR'S FILE NO. <b>138</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>DEC 30 1964</b>	25c. REGISTRAR'S SIGNATURE <i>Jane S. Moore</i>		

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58