

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.) Houston		c. LENGTH OF STAY in 1 b. 35 Years	c. CITY OR TOWN (If outside city limits, give precinct no.) Houston		d. STREET ADDRESS (If rural, give location) 2102 Sunset Blvd.
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION St. Luke's Hospital			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
e. 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) [a] First Howard [b] Middle Joseph [c] Last Pollet			4. DATE OF DEATH August 8, 1974		
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 June 26, 1920	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partner Insurance		10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (State or foreign country) New Orleans, Louisiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph K. Pollet			14. MOTHER'S MAIDEN NAME Elodie Wilson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. II		16. SOCIAL SECURITY NO. 456-07-9256	17. INFORMANT Mrs. H. J. Pollet		
18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c).) TERMS, BEYOND MEANS OF HEALTH IMMEDIATE CAUSE (a) Carcinomatosis REC'D SEP 18 1974 BUREAU OF VITAL STATISTICS DUE TO (b) Adenocarcinoma, primary site unknown DUE TO (c) Unknown			INTERVAL BETWEEN ONSET AND DEATH 6 mo Unknown		
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 checked="" type="checkbox"/> NO <input 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	COUNTY	STATE	
21. I hereby certify that I attended the deceased from 8-23 19 66 to 8-8 19 74 and last saw the deceased alive on 8-8-74 19 74 . Death occurred at 11:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert McCann, MD (Degree or title)			22b. ADDRESS 1707 Sunset Blvd, Houston Texas		22c. DATE SIGNED 8-12-74
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE August 10, 1974	23c. NAME OF CEMETERY OR CREMATORY Memorial Oaks Cemetery		
23d. LOCATION (City, town, or county) Houston Texas		24. FUNERAL DIRECTOR'S SIGNATURE Gus D. Lewis, Jr. #6358 Geo. H. Lewis & Sons Funeral Home			
25a. REGISTRAR'S FILE NO. 07857	25b. DATE REC'D BY LOCAL REGISTRAR AUG. 14, 1974	25c. REGISTRAR'S SIGNATURE T. B. Barnett			