	TH .			2. USUAL RESIDENCE (Where dece	eased lived. If institution:	residence before arte	481:	
a. COUNTY		LIAS		o. STATE	b. COU		拉斯特拉拉 3.6.15	
b. CITY OR	TOWN (If outside city lin		c. LENGTH OF STAY	c. CITY OR TOWN (If outsid			TH'S	
		,	9 MOS.	1,5%	GARIA		de argani	emild
d NAME OF	(If not in hospital, give st	reet address) T		d. STREET ADDRESS (If rural,			-	
HOSPITAL	OR	-	0.0.A. AL OF GARLAND	A STATE OF THE STA	the attribution to ste	que eponémie	o redinue	father)
	OF DEATH INSIDE CIT		AL OF GRALAND	222 EAST C		f. IS RESIDENCE O	N A CADLAS	
6. 13 TENGE	or beautiful inside of			_	5350000	CHAN, UN AND SHIP	A PARMI	remark.
NAME OF	(a) First	YES	NO [(c) Lost	NO 4. DATE OF DEATH	YES		NO
DECEASED		A CITE		DMOND, JR.		1048	Black position	Sees C
(Type or print)		ACK)	M. RE	8. DATE OF BIRTH	9. AGE (In years		R I IE LINDEI	D 24 HDC
			Married Never Married		last birthday)	Months Days	Hours	Minutes
MALE		WHITE	OF BUSINESS OR INDUSTRY	SEPT. 3. 1910		10 077711 05		
during most of	working life, even if retire	ed)		11. BIRTHPLACE (State or foreign of		12. CITIZEN OF		NIKT7
	ENGINEER	DEAL	RBORN STOVE CO	1 200 1 200 1 200 1	KIZUNA	U.	S.A.	pinney.
3. FATHER'S NAM				14. MOTHER'S MAIDEN NAME	ביים ביים ביים ביים			
JOHN	M. REDMO	ND SR.	· · · · · · · · · · · · · · · · · · ·		BRIZZEE			
Yes, no, or unknown			16. SOCIAL SECURITY NO. 158-05-8406	17. INFORMANT	0.			
ИО		110,000		Dat	Jeam	nd .		
	F DEATH [Enter only on DEATH WAS CAUSED		(a), (b), and (c).]	•	0		ONSET AND	
		MEDIATE CAUSE (a)_	agent car	come of	ungs	-	but	na
Condition								
	ne if any		0 0 00	1	, 0.			nesta S
which gar		DUE TO (b)	Probable	from ni	ghr Ki	drug	(36.47)	nsala S
which gar above ca stating th	ve rise to use (a).	DUE TO (b)	Probable	from m	ghr Ki	drug	Constitution (Constitution)	1000 S
which ga above ca stating th lying cau	ve rise to use (a). he under-se last.	DUE TO (b)	Probable	from ni	ghr Ki	drug	Carporation	100000 100000
which ga above ca stating th lying cau	ve rise to use (a). he under-se last.	DUE TO (b) DUE TO (c) CONDITIONS CON	Probable ITRIBUTING TO DEATH BUT NOT R	From M	gh r Ki	N PART I(a)	9. WAS AUT	TOPSY PER
which ga above ca stating th lying cau	ve rise to use (a). he under-se last.	DUE TO (b)	Probable ITRIBUTING TO DEATH BUT NOT R	From no			9. WAS AUT FORMED? YES	TOPSY PER
which ga above ca stating th lying cau	ve rise to use (a), he under-se last. OTHER SIGNIFICANT	CONDITIONS CON	Probable ITRIBUTING TO DEATH BUT NOT R				FORMED?	
which ga above ca stating th lying cau	ve rise to use (a). It is use (a). It is underse last. OTHER SIGNIFICANT DENT SUICIDE	CONDITIONS CON					FORMED?	
Which gar above ca stating the lying cau PART II. 20a. ACCI	ve rise to use (a). Surprise to use (a). See lest. OTHER SIGNIFICANT DENT SUICIDE	HOMICIDE		CURRED RECONAUGUNIA	1968 II of Item 18		FORMED?	
Which gar above ca stating the lying cau PART II. 20a. ACCI	ve rise to use (a). Surprise to use (a). See lest. OTHER SIGNIFICANT DENT SUICIDE	HOMICIDE			1968 II of Item 18		FORMED?	
Which gar above ca stating the lying cau PART II. 20a. ACCI 20c. TIME OF	ve rise to use (a), se under-se lest. OTHER SIGNIFICANT DENT SUICIDE Hour Month e.m. p.m.	HOMICIDE Day Year PLACE OF INJURY	20b. DESCRIBE HOW INJURY OC	BUREAU OF VITAL	1968 II of Item 18)	FORMED?	
PART II. 206. ACCI 20c. TIME OF INJURY 20d. INJURY	ve rise to use (a), the underse lest. OTHER SIGNIFICANT DENT SUICIDE Hour Month e.m. p.m. OCCURRED 20e.	HOMICIDE Day Year	20b. DESCRIBE HOW INJURY OC	BUREAU OF VITAL	1968 of Item 18)	FORMED?	NO
Which gar above co stating the lying cau PART II. 20a. ACCI 20c. TIME OF INJURY 20d. INJURY WHILE AT 21.	ve rise to use (a), se under-se lest. OTHER SIGNIFICANT DENT SUICIDE Hour Month a.m. p.m. OCCURRED 20e. NOT WHILE 20e.	HOMICIDE Day Year PLACE OF INJURY street, office building	20b. DESCRIBE HOW INJURY OC	BUREAU OF VITAL 201. CITY, TOWN, OR LOCATION	1968 of Item 18	Y (0)	FORMED? YES	NO
Which gar above co stating the lying cau PART II. 20a. ACCI 20c. TIME OF INJURY 20d. INJURY WHILE AT 21.	ve rise to use (a), the underse lest. OTHER SIGNIFICANT DENT SUICIDE Hour Month e.m. p.m. OCCURRED 20e.	HOMICIDE Day Year PLACE OF INJURY street, office building	20b. DESCRIBE HOW INJURY OC (e.g., in or about home, farm, factory, p, etc.)	BUREAU OF VITAL 201. CITY, TOWN, OR LOCATION	STATISTICS COUNT	Y ., 19 .68 and la	FORMED? YES S st saw the de	NO.
Which gar above co stating the lying cau PART II. 20a. ACCI 20c. TIME OF INJURY 20d. INJURY WHILE AT 21.	ve rise to use (a). The underse last. OTHER SIGNIFICANT DENT SUICIDE Hour Month a.m. p.m. OCCURRED 20e. NOT WHILE 1	HOMICIDE Day Year PLACE OF INJURY street, office building	[e.g., in or about home, farm, factory, , etc.]	BUREAU OF VITAL 201. CITY, TOWN, OR LOCATION	1968 of Item 18	Y 19_68 and labest of my knowled	FORMED? YES S st saw the de	NO.
NOTE TO THE OF INJURY OF I	ve rise to use (a). The underse last. OTHER SIGNIFICANT DENT SUICIDE Hour Month a.m. p.m. OCCURRED 20e. NOT WHILE 1	HOMICIDE Day Year PLACE OF INJURY street, office building	20b. DESCRIBE HOW INJURY OC (e.g., in or about home, farm, factory, p, etc.)	BUREAU OF VITAL 201. CITY, TOWN, OR LOCATION 19. 48 to 7 - 2- 6130 P. m. on the date s	STATISTICS COUNT	Y 19_68 and labest of my knowled	FORMED? YES S st saw the dege, from the c	NO.
NOTE TO THE OF INJURY OF I	ve rise to use (a), se under-se lest. OTHER SIGNIFICANT DENT SUICIDE Hour Month a.m. p.m. OCCURRED 20e. NOT WHILE 20e. AT WORK 1	HOMICIDE Day Year PLACE OF INJURY street, office building to deceased from.	[e.g., in or about home, farm, factory, , etc.]	BUREAU OF VITAL 201. CITY, TOWN, OR LOCATION 19. 48 to 7 - 2- 6130 P. m. on the date s	STATISTICS COUNT Tated above, and to the	Y 19_68 and labest of my knowled	FORMED? YES S st saw the dege, from the c	NO.
Which gar above constating the lying cau stating the lying cau. PART II. 200. ACCI 200. TIME OF INJURY 20d. INJURY 20d. INJURY 21. I hereby constant in light can be constant. 22a. SIGNATU	verise to use (a). Se underse lest. OTHER SIGNIFICANT DENT SUICIDE Hour Month a.m. p.m. OCCURRED 20e. NOT WHILE AT WORK Underse lest.	HOMICIDE Day Year PLACE OF INJURY street, office building to deceased from The Company of the	(e.g., in or about home, farm, factory, etc.) 7 - / 8 19 6 8 Death occurred at Dea	BUREAU OF VITAL 20f. CITY, TOWN, OR LOCATION 19 48 to 7 - 7 6130 P. m. on the date s 22b. ADDRESS 23c. NAME OF CEMETERY OR 6	STATISTICS COUNT Tated above, and to the	Y 19_68 and labest of my knowled	FORMED? YES S	NO.
Which ge ebove co stating the lying cau PART II. 20e. ACCI 20e. TIME OF INJURY 20d. INJURY 20d. INJURY 21. I hereby co on. 22e. SIGNATU 23e. BURIAL, CRE	verise to use (a), se underse lest. OTHER SIGNIFICANT DENT SUICIDE Hour Month e.m. p.m. OCCURRED 20e. NOT WHILE 2 IRE 2 MATION, REMOVAL (S. MOVA L.	HOMICIDE Day Year PLACE OF INJURY street, office building decessed from Specify) 23b J	(e.g., in or about home, farm, factory, etc.) 7	BUREAU OF VITAL 20f. CITY, TOWN, OR LOCATION 19.48 to 7 - 2 22b. ADDRESS 22c. NAME OF CEMETERY OR OMESA CEM	STATISTICS COUNT tated above, and to the CREMATORY ETERY	Y 19_68 and labest of my knowled	FORMED? YES S	NO.
Which gas above constating the lying cau stating the lying cau. PART II. 206. ACCI 206. TIME OF INJURY 206. INJURY 206. INJURY 207. TIME OF INJURY 208. SIGNATU 21. I hereby constant con	verise to use (a), the underse lest. OTHER SIGNIFICANT DENT SUICIDE Hour Month a.m. p.m. OCCURRED 20e. NOT WHILE 2 INTER AT WORK MATION, REMOVAL (S. MOVA I. (City, town, or co. 2).	PLACE OF INJURY street, office building	(e.g., in or about home, farm, factory, etc.) 7 / 8 , 19 6 8 . Death occurred at (Dagree or title) DATE ULY 29, 1968 (State)	BUREAU OF VITAL 20F. CITY, TOWN, OR LOCATION 19.48 to 7 - 2 22b. ADDRESS 22c. NAME OF CEMETERY OR OF MESA CEM 24. FUNERAL DIRECTOR'S SIGN	STATISTICS COUNT tated above, and to the CREMATORY ETERY ATURE	Y 19_68 and labest of my knowled	FORMED? YES S	NO.
Which gas above constating the lying cau stating the lying cau. PART II. 206. ACCI 206. TIME OF INJURY 206. INJURY 207. TIME OF INJURY 208. SIGNATURY 21. I hereby constant cons	verise to use (a), the underse last. OTHER SIGNIFICANT DENT SUICIDE Hour Month a.m. p.m. OCCURRED 20e. NOT WHILE 2 INTER AT WORK MATION, REMOVAL (S. MOVAL (City, town, or co. MARI	PLACE OF INJURY street, office building	(e.g., in or about home, farm, factory, etc.) 7 / 8 . Death occurred at Death occur	BUREAU OF VITAL 204. CITY, TOWN, OR LOCATION 19. 68 to 7 - 7 6130 P. m. on the date s 22b. ADDRESS 23c. NAME OF CEMETERY OR MESA CEM 24. FUNERAL DIRECTOR'S SIGN SPURLOCK FUN	STATISTICS COUNT tated above, and to the CREMATORY ETERY ATURE	Y 19_68 and labest of my knowled	FORMED? YES S	NO.
Which ge ebove ca stating the lying cau stating the lying cau. PART II. 20e. ACCI 20e. ACCI 20e. TIME OF INJURY 20d. INJURY WHILE AT [] 21. I hereby ca on. 22e. SIGNATU	verise to use (a), the underse last. OTHER SIGNIFICANT DENT SUICIDE Hour Month a.m. p.m. OCCURRED 20e. NOT WHILE 2 INTER AT WORK MATION, REMOVAL (S. MOVAL (City, town, or co. MARI	HOMICIDE Day Yeer PLACE OF INJURY street, office building deceased from Specify) 23b Jounty) COPA 25b. DATE REC'D B	(e.g., in or about home, farm, factory, etc.) 7 / 8 , 19 6 8 . Death occurred at (Dagree or title) DATE ULY 29, 1968 (State)	BUREAU OF VITAL 20F. CITY, TOWN, OR LOCATION 19.48 to 7 - 2 22b. ADDRESS 22c. NAME OF CEMETERY OR OF MESA CEM 24. FUNERAL DIRECTOR'S SIGN	STATISTICS COUNT tated above, and to the CREMATORY ETERY ATURE	Y 19_68 and labest of my knowled	FORMED? YES S	NO.