

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY Guadalupe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Guadalupe	
b. CITY OR TOWN (If outside city limits, give precinct no.) Seguin, [REDACTED]		c. LENGTH OF STAY in 9 years	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Guadalupe Valley Hospital		d. STREET ADDRESS (If rural, give location) <input checked="" type="checkbox"/> Rt. 3, Box 755, Seguin	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) (a) First James (b) Middle Norman (c) Last Riley			4. DATE OF DEATH May 25, 1969		
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 May 25, 1895	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Public Relations		10b. KIND OF BUSINESS OR INDUSTRY Distillery		11. BIRTHPLACE (State or foreign country) Canada	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME John Henry Riley		
14. MOTHER'S MAIDEN NAME Margaret Byers			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. 467-10-5389-A			17. INFORMANT Mrs. Martha Baker Riley (Wife)		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) IMMEDIATE CAUSE (a) Carcinoma of lung (b) Carcinoma of stomach? (c) _____		INTERVAL BETWEEN ONSET AND DEATH 4 wks
<div style="border: 1px solid black; padding: 5px;"> RECEIVED JUN 9 1969 BUREAU OF VITAL STATISTICS </div>		

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.) _____			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month _____ Day _____ Year _____		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 **at** **1969** to **5-25-69**, and last saw the deceased alive on **5-25-69**. Death occurred at **4:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature]	(Degree or title) _____	22b. ADDRESS Seguin Tex	22c. DATE SIGNED 5-26-69
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May. 27, 1969		23c. NAME OF CEMETERY OR CREMATORY Guadalupe Valley Memorial Park	
23d. LOCATION (City, town, or county) (State) Guadalupe County, Texas			24. FUNERAL DIRECTOR'S SIGNATURE Paul Goetz Company [Signature]		
25a. REGISTRAR'S FILE NO. 96		25b. DATE REC'D BY LOCAL REGISTRAR May 28, 1969		25c. REGISTRAR'S SIGNATURE [Signature]	

VS-112, REV. 1/58