TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
STATE OF TEXAS

18640

REGISTRAR'S NO. 358

COUNTY OF El Paso

CITY OR PRECINCT NO. El Paso   NO.   STREET Providence Hospital

IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.

LENGTH OF RESIDENCE WHERE DEATH OCCURRED 19 YEARS MONTHS DAYS. HOW LONG IN U.S. IF FOREIGN BORN? 19 YEARS MONTHS DAYS

2. FULL NAME OF DECEASED THOMAS G. SEATON   S. S. A. No. 453-05-7462

RESIDENCE OF THE DECEASED NO. 531 STREET West Missouri CITY El Paso, STATE Texas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE MARRIED WIDOWED DIVORCED (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF Elna Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 30, 1887

7. AGE 52 YEARS 7 MONTHS 10 DAYS   IF LESS THAN 1 DAY... HRS. OR ... MIN.

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Foreman

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Smelting Company

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) Jan 1940

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 12 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blair, Nebraska

FATHER

13. NAME Charles H. Seaton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensborough, Kentucky

MOTHER

15. MAIDEN NAME Mary Seaton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensborough, Ky.

17. INFORMANT Charles E. Seaton

(ADDRESS) Seattle, Washington

18. BURIAL REMOVAL PLACE Evergreen P. DATE April 12, 19 40

19. UNDERTAKER HARDING MEMORIAL CHAPEL   R. Harding

(ADDRESS) 110 North Campbell Street

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR

Apr. 12, 19 40   A. R. Powell

(FILE DATE)   (SIGNATURE)

MEDICAL PARTICULARS

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1940

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 15, 1940 TO April 10, 1940

I LAST SAW HIM ALIVE ON April 10, 1940; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT ... M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Cancer of Lungs.

DATE OF ONSET

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION   DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?   WAS THERE AN AUTOPSY?

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

ACCIDENT, SUICIDE, OR HOMICIDE

DATE OF INJURY

WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

MANNER OF INJURY

NATURE OF INJURY

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?

IF SO, SPECIFY

(SIGNED)   M.D.

(ADDRESS)

RECEIVED MAY 13 1940   DEPARTMENT OF HEALTH   BUREAU OF VITAL STATISTICS   TEXAS