

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 / ₂ yrs. 16 yrs.		c. CITY OR TOWN (If outside city limits, give precinct no.) Houston	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Jefferson Davis Hospital		d. STREET ADDRESS (If rural, give location) 9533 E. Ave. I.			
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 Osoar (b) Middle T. (c) Last Monzon			4. DATE OF DEATH 10-21-60		
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 Dec. 17, 1898	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Minutes _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired); Watchman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Canada	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Serafin Monzon			14. MOTHER'S MAIDEN NAME Felicia Vasquez		
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.	17. INFORMANT Mrs Ruby Monzon		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Prostate aggravated by Prostatic Vesicles & perivesical abscess DUE TO (b) _____ DUE TO (c) _____ CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH about 2 years
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 200-209) Prostate Cancer		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> TEXAS DEPARTMENT OF HEALTH REC'D NOV 7 1960 BUREAU OF VITAL STATISTICS </div>		
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.]				
21. I hereby certify that I attended the deceased from 10-17-60 to 10-21-60 and last saw the deceased alive on 10-21-60 . Death occurred at 8:15 AM m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Paul J. White</i> (Degree or title) MD		22b. ADDRESS 8801 Buffalo Dr.		22c. DATE SIGNED 10-25-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 23, 1960	23c. NAME OF CEMETERY OR CREMATORY Bunkie, Louisiana <i>B.T. Bader #1102</i> <i>J.V. Cobb & Coom #1014</i>		
23d. LOCATION (City, town, or county) Bunkie, Louisiana		23e. FUNERAL DIRECTOR'S SIGNATURE <i>Frank Colban</i>	23f. NAME OF FUNERAL HOME Boulevard Funeral Home		
24a. REGISTER FILE NO. 07074	24b. DATE REC'D BY LOCAL REGISTRAR Oct. 27, 1960	24c. REGISTRAR SIGNATURE <i>Frank Colban</i>			

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

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