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1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Texas b. COUNTY Jefferson	
b. CITY OR TOWN (If outside city limits, give precinct no.) Groves		c. LENGTH OF STAY 25 Years	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Doctor's Hospital		d. STREET ADDRESS (If rural, give location) 4629 Main Avenue	
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 Almon (b) Middle Edward (c) Last Williams		4. DATE OF DEATH July 19, 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 11, 1914
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months Days Hours Minutes	IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pumper		10b. KIND OF BUSINESS OR INDUSTRY Oil Refinery	
11. BIRTHPLACE (State or foreign country) Alabama		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Wallace Williams		14. MOTHER'S MAIDEN NAME Ada Burrell	
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. 197-10-6475	
17. INFORMANT Ruby Williams - Wife			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] IMMEDIATE CAUSE (a) Medullary Failure DUE TO (b) Cardiac Arrest DUE TO (c) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 5 min 20 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerotic heart disease			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 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 Mar 1954 to July 19, 1969 and last saw the deceased alive on July 19, 1969 . Death occurred at 5:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. L. Atkinson		22b. ADDRESS 6265 - 39th Street, Houston, TX	
22c. DATE SIGNED 7/19/69			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 20, 1969	
23c. NAME OF CEMETERY OR CREMATORY Shilo Cemetery			
23d. LOCATION (City, town, or county) (State) San Augustine, Texas		24. FUNERAL DIRECTOR'S SIGNATURE Levingston F.H. #3666 #4881	
25a. REGISTRAR'S FILE NO. 672		25b. DATE REC'D BY LOCAL REGISTRAR July 22, 1969	
25c. REGISTRAR'S SIGNATURE L. L. Nash			