TATE OF TEXAS	101-01-1	101-1	O/ CERTIFICAT	E OF DEATH 875	TATE FILE NO.		115	69
a. COUNTY				2. USUAL RESIDENCE DVhoro de	P COIN	YTY		7 3 15 1
Harris				Texas Harris				
	OWN (If outside city limits, give	e precinct no.)	c. LENGTH OF STAY	c. CITY OR TOWN (If outsi	de city limits, give precinct	no.]	Strate .	- 1
Houston				Houston				
d. NAME OF (If not in hospital, give street address) HOSPITAL OR				d. STREET ADDRESS (If rural, give location)				
INSTITUTION 6226 Vickijohn				6226 Vickijohn				
e. IS PLACE OF	F DEATH INSIDE CITY LIMI			e. IS RESIDENCE INSIDE O			E ON A FARM	2
		YESKO	NO	YESTO	ЮП		s _□	NOC
. NAME OF	(a) First		(b) Middle	(c) Lost	4. DATE OF DEATH			wch71
(Type or print)	Donald	4	Edward	Wilson	1-5-197	· 6	found)	14
. SEX	I. COLOR OR R		7.	I 8. DATE OF BIRTH	9. AGE [In years last birthday]	IF UNDER I	YEAR I IF UND	ER 24 HR
Male	Negro		Married ☑ Never Married ☐	0 70 7045	last birthday)	Months Day	ys Hours	Minutes
	The state of the s	LIGH KIND OF	Widowed Divarced	2-12-1945 II. BIRTHPLACE (State or foreign	1 29	12 CMZENI C	OF WILLY CO.	INTOVO.
0s. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) BASE Dall Pitcher								
DESCRIPTIONS.				Monroe, Loui	siana	US.	A	-
3				14. MOTHER'S MAIDEN NAME				
Felton Wilson 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.				Lizzie Newman				
fes, no, or unknown	(If yes, give war or dates of	CES?16	. SOCIAL SECURITY NO.	17. INFORMANT	1.1.0	. 17	1	
no	(), 5	,		Bernice	. De Voses	wil	ww	
18, CAUSE OF C	DEATH [Enter only one cause	per line for (a).	(b), and (c).]	-5	70-00		INTERVAL	ETWEEN
TEXAS DEP	WHY WENCHUSED BLEV	DH. JA	Asphyxia due	to carbon mon	oxide inh	alatic	n.	
		CAUSE (6)						
REC Gooditiges	1075 ac 1075	1					1	
above cause	26 975 E	DUE TO (b)						
stating the s	inder-							
BUREAU O	F VITAL STATISTE							
E PART II. U	THER SIGNIFICANT CONDI	TIONS CONTR	BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN	PART I(a)	19. WAS AUT FORMED?	OPSY PE
5			3				YESCX	МОП
20s. ACCIDE	NT SUICIDE H	OMICIDE 20	6. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Par	1 I or Part II of Item 18.]		2000 F	
3 2			Carbon me	onoxide inhal	ation			
20c. TIME OF INJURY	Hour Month EQU	ndyear	Garbon in	SHOWEGE TIME	acion,			
TINJURY	e.m. 1 5	75						
				a company of the comp				TATE
	CITABLE 130" DI VCE			OF CITY TOWN OF LOCATION	COUNTY			,,,,,,
20d. INJURY OC	CURRED 200. PLACE street, o	ffice building, et	c.)	OF. CITY, TOWN, OR LOCATION	COUNTY			
20d. INJURY OC	NOT WHILE RE	ffice building, et sidence		Houston	Harri:	S	Tex	cas
20d. INJURY OC WHILE AT [] 21.	NOT WHILE AT WORK XI Re	707	four	nd ,				
20d. INJURY OC WHILE AT [] 21. I hereby certify	y that I attended the deceased	l from	four Death occurred at 1:	10 -5-75 m. on the date s	Harri	19 and est of my knowle	Test saw the de	ceased ali
20d. INJURY OC WHILE AT [] 21. I hereby certify		l from	four	10 -5-75 m. on the date s	Harri	19 and est of my knowle	Tex	ceased ali
20d. INJURY OC WHILE AT [] 21. I hereby certify	y that I attended the deceased	dings19	Death occurred of 1 [Dagree or title]	nd 10 10 10 10 10 10 10 10 10 10 10 10 10	Harri	19 and est of my knowle 1SE	Test saw the de	ceased ass auses state GNED
20d. INJURY OC WHILE AT [] 21. I hereby certified on From 2220. SIGNATURE	y that I attended the deceased	dings19	Death occurred at 1 (Degree or title)	nd -5-75 m. on the date state. ADDRESS 20	Harri	19 and est of my knowle 1SE	Tex last saw the de edge, from the c	ceased ass auses state GNED
20d. INJURY OC WHILE AT [] 21. I hereby certified the service of the service o	y that I attended the deceased autopsy fin G. Sheldo ATION, REMOVAL [Specify]	dings!9	Death occurred at 1 (Dagree or title)	TO TO TO THE GOLD STATE OF CEMETERY OF C	Harris Octobre above, and to the bear to	19 and est of my knowle 1SE	Tex last saw the de edge, from the c	ceased ass auses state GNED
20d. INJURY OC White At [] 21. 1 hereby certified the service of the service o	y that I attended the deceased autops y fin Sheldo	dings!9	Death occurred at 1 (Dagree or title)	TO TO TO THE GOLD STATE OF CEMETERY OF C	Harris Octobre above, and to the bear to	19 and est of my knowle 1SE	Tex last saw the de edge, from the c	ceased ass auses state GNED
20d. INJURY OC White At [] 21. 21. 21. 31. hereby certified the service of the s	y that I attended the decased at I tops y. fin G. She I do THON, REMOVAL (Specify) (City, town, or county)	dings 19	Death occurred at 1 2 (Degree or lifts) ATE 9-1975 (Sfate)	HOUS To rest Lawn 24. FUNERAL DIRECTOR'S SIGN.	Harris Stod above, and to the b Courthous Ston, Texi REMATORY Cemetery ATURE	19 and est of my knowle 1SE	Tes lost sow the de edge, from the c 22c. DATE SI 2-4-7	oceased all ouses state GNED
20d. INJURY OF WHILE AT [] 21. 1 hereby certified a property of the service of	y that I attended the deceased autops y. fin G. Sheldo TION, REMOVAL [Specify] [City, town, or county) THE COUNTY I SHELD SH	dings ¹⁹ n Gree	Death occurred at 1. (Dagree or life) T, M.D. ATE 9-1975 (State) California	TO TO TO THE GOLD STATE OF CEMETERY OF C	Harris Stod above, and to the b Courthous Ston, Texi REMATORY Cemetery ATURE	19 and est of my knowle 1SE	Tes lost sow the de edge, from the c 22c. DATE SI 2-4-7	ceased ali auses state GNED
20d. INJURY OC White At [] 21. 21. 21. 31. hereby certified the service of the s	y that I attended the deceased autops y. fin G. Sheldo TION, REMOVAL [Specify] [City, town, or county) THE COUNTY I SHELD SH	dings 19	Death occurred at 1 2 (Degree or lifts) ATE 9-1975 (Sfate)	HOUS To rest Lawn 24. FUNERAL DIRECTOR'S SIGN.	Harris Stod above, and to the b Courthous Ston, Texi REMATORY Cemetery ATURE	19 and est of my knowle 1SE	Tes lost sow the de edge, from the c 22c. DATE SI 2-4-7	auses state GNED