

STATE OF TEXAS

155-01-2 155-01

## CERTIFICATE OF DEATH

STATE FILE NO.

58908

157X

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY McLennan		b. CITY OR TOWN (If outside city limits, give precinct no.) Waco		a. STATE Texas		b. COUNTY McLennan	
c. LENGTH OF STAY in 1 b. 50 yrs.		d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Providence Hospital		c. CITY OR TOWN (If outside city limits, give precinct no.) Waco		d. STREET ADDRESS (If rural, give location) 1321 So. 11th	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		g. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH				
(a) First FLORA	(b) Middle MAY	(c) Last WILLIAMS	September 28, 1963				
5. SEX Female	6. COLOR OR RACE cau.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH August 27, 1876	9. AGE (In years last birthday) 87	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Calvin Todd				14. MOTHER'S MAIDEN NAME No Record			
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. None		17. INFORMANT Gladys H. Story	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia</i>							INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Carcinoma of head of pancreas</i>							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				
21. I hereby certify that I attended the deceased from <i>May 31</i> , 19 <i>58</i> to <i>Sept 28</i> , 19 <i>63</i> and last saw the deceased alive on <i>Sept 28</i> , 19 <i>63</i> . Death occurred at <i>8:45 P.</i> m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>James R. Joy</i>			(Degree or title) <i>M.D.</i>		22b. ADDRESS <i>1609 S. 12th, Waco, Tex</i>		22c. DATE SIGNED <i>10-4-63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			23b. DATE <i>Sept. 30, 1963</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Rosemound Cemetery</i>		
23d. LOCATION (City, town, or county) <i>Waco</i>			(State) <i>Texas</i>		24. FUNERAL DIRECTOR'S SIGNATURE <i>P. Lohr</i>		
25a. REGISTRAR'S FILE NO. <i>1032</i>			25b. DATE REC'D BY LOCAL REGISTRAR <i>OCT 7 1963</i>		25c. REGISTRAR'S SIGNATURE <i>Betty Smith</i>		

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112. REV. 1/58

TEXAS DEPARTMENT OF HEALTH  
REC'D. OCT 16 1963  
BUREAU OF VITAL STATISTICS STATE