

1. PLACE OF DEATH a. COUNTY <b>Hunt</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Greene</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Greenville</b>		c. LENGTH OF STAY in 1 b. <b>3 wks.</b>	
c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Longview</b>		d. STREET ADDRESS (If rural, give location) <b>131 Myrtle St.</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Rt. 1</b>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) [a] First <b>GILBERT</b> [b] Middle <b>HEYMAN</b> [c] Last <b>BRACK</b>		4. DATE OF DEATH <b>Jan. 20, 1960</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>March 29, 1908</b>
9. AGE (In years last birthday) <b>51</b>		10. IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Minutes _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working y <sup>r</sup> s, even if retired) <b>Steel Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lone Star Steel</b>	
11. BIRTH-PLACE (State or foreign country) <b>Unk.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Unk.</b>		14. MOTHER'S MAIDEN NAME <b>Unk.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>400-03-7719</b>	
17. INFORMANT <b>Leon Watts</b>		18. CAUSE OF DEATH (Enter only one cause per line for [a], [b], and [c].) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [a] <b>Gunshot wound in right temple</b> [b] _____ [c] _____ DUE TO [a] _____ [b] _____ [c] _____ 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 type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury) <b>TEXAS DEPARTMENT OF HEALTH REC'D FEB 8 1960 BUREAU OF VITAL STATISTICS</b>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) _____	
20e. CITY, TOWN, OR LOCATION <b>_____</b>		20f. COUNTY <b>_____</b>	
20g. STATE <b>_____</b>		21. (I hereby certify that) I attended the deceased from _____ 19____ to <b>1-20-60</b> 19____ and last saw the deceased alive on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Homer Wacary Jr.</b> (If free or title) <b>Homer Wacary Jr.</b>		22b. ADDRESS <b>Greenville, Texas</b>	
22c. DATE SIGNED <b>1-21-60</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>_____</b>	
23b. DATE <b>1-22-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Memoryland Memorial Park</b>	
23d. LOCATION (City, town, or county) <b>_____</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>John P. ...</b>	
25a. REGISTRAR'S FILE NO. <b>26</b>		25b. DATE RECD BY LOCAL REGISTRAR <b>1/25/60</b>	
25c. REGISTRAR'S SIGNATURE <b>_____</b>		25d. _____	