

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE OF TEXAS

STATE FILE NO.

17935

1. PLACE OF DEATH a. COUNTY Collin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Grayson	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Rural Precinct #1		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Van Alstyne	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital, McKinney, Texas		d. STREET ADDRESS (If rural, give location) Route #2	
3. NAME OF DECEASED (Type or Print) a. (First) Sam		b. (Middle) (MMI)	
c. (Last) Gray		4. DATE OF DEATH April 16, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-15-1897
9. AGE YEARS MONTHS DAYS 55 6 1		IF UNDER 24 Hrs. Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (State or foreign country) Texas		12. FATHER'S NAME J. Lon Gray	
BIRTHPLACE Alabama		13. MOTHER'S MAIDEN NAME Eugenia Bell	
BIRTHPLACE Alabama		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	
15. SOCIAL SECURITY NO. Unknown		16. INFORMANT'S SIGNATURE Records, VA Hospital, McKinney, Texas	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of brain, metastatic, squamous cell, primary source undetermined.</u> INTERVAL BETWEEN ONSET AND DEATH Months			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
18a. DATE OF OPERATION 4-13-53		18b. MAJOR FINDINGS OF OPERATION Carcinoma of brain	
20a. ACCIDENT SUICIDE HOMICIDE (Specify) No		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) PM		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20f. HOW DID INJURY OCCUR?			
21. I hereby certify that I attended the deceased from 3-28 , 19 53 , to 4-16 , 19 53 , and that the death occurred at 2:45 P.m. , from the causes and on the date stated above.			
22a. SIGNATURE HARL B. ROSS, M. D. Chf. Prof. Serv.		22b. ADDRESS VA Hospital, McKinney, Texas	
22c. DATE SIGNED 4-16-53			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-16-53	
23c. NAME OF CEMETERY OR CREMATORY			
23d. LOCATION (City, town, or county) (State) Van Alstyne Texas		24. FUNERAL DIRECTOR'S SIGNATURE Fox-Fletcher Funeral Home Dow S. Fletcher #3525	
25a. REGISTRAR'S FILE NO. 4-16-53		25b. DATE REC'D BY LOCAL REGISTRAR 4-16-53	
25c. REGISTRAR'S SIGNATURE Postman Barber			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE