

1. PLACE OF DEATH a. COUNTY Kerr		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Texas		b. COUNTY Kerr	
b. CITY OR TOWN (If outside city limits, give precinct no.) Kerrville		c. LENGTH OF STAY in 1 b. 3 years		c. CITY OR TOWN (If outside city limits, give precinct no.) Kerrville	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Veterans Administration Hospital		d. STREET ADDRESS (If rural, give location) 21 Peach Ave			
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 FRED		(b) Middle E.		(c) Last JOHNSON	
4. DATE OF DEATH 6/14/73		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 3/10/94		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baseball Player		10b. KIND OF BUSINESS OR INDUSTRY Sports		11. BIRTHPLACE (State or foreign country) Arkansas	
13. FATHER'S NAME Rex Johnson		14. MOTHER'S MAIDEN NAME Fanny Dunn		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 290 09 3424		17. INFORMANT Hospital Records	

TEXAS DEPARTMENT OF HEALTH IMMEDIATE CAUSE (b) Carcinoma of the lungs RECD JUL 12 1973 BUREAU OF VITAL STATISTICS		PERIOD BETWEEN ONSET AND DEATH 3 years
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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 checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. _____		Month _____		Day _____		Year _____
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) The V.A.		20f. CITY, TOWN, OR LOCATION Kerrville, Texas		STATE Texas
21. I hereby certify that I attended the deceased from 5/24/73 to 6/14/73 and last saw the deceased alive on 6/14/73 at 5:20PM m. on the date stated above, and to the best of my knowledge, from the causes stated						
22a. SIGNATURE John R. Pontius		22b. ADDRESS MD		22c. DATE SIGNED 6/19/73		

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal for burial		23b. DATE June 16, 1973		23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park	
23d. LOCATION (City, town, or county) San Antonio, Texas		23e. DATE REC'D BY LOCAL REGISTRAR June 27, 1973		24. FUNERAL DIRECTOR'S SIGNATURE Kerrville Funeral Home	
25a. REGISTRAR'S FILE NO. 328		25b. REGISTRAR'S SIGNATURE Helen Blount by Norma Belle		25c. REGISTRAR'S SIGNATURE	

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

Wife - Mrs Lilyan Johnson