

1. PLACE OF DEATH a. COUNTY <b>Smith</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Smith</b>		
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Tyler</b>		c. LENGTH OF STAY in 1 b. <b>3 yrs.</b>	c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Tyler</b>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Mother Frances Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>627 So. Fannin</b>		
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 <b>Wilfred</b> (b) Middle <b>Ivy</b> (c) Last <b>Johnston</b>			4. DATE OF DEATH <b>May 15, 1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7-9-01</b>	9. AGE (In years last birthday) <b>57</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Real Estate Business</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>	11. BIRTHPLACE (State or foreign country) <b>Charlotte, N. C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Zeb Johnston</b>			14. MOTHER'S MAIDEN NAME <b>Rosa Graham</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown unknown</b>			16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT <b>Mrs. W. J. Johnston</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>Myocardial infarction (Coronary)</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Atherosclerosis Coronary artery</b> DUE TO (c) <b>High blood pressure</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Diabetes</b>					
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 _____ a.m. _____ p.m. Month _____ Day _____ Year _____				
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 <b>Tyler, Texas</b>		
21. I hereby certify that I attended the deceased from <b>1957</b> to <b>May 15</b> , 19 <b>59</b> and last saw the deceased alive on <b>May 15</b> , 19 <b>59</b> . Death occurred at <b>2:15 P</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>C. R. Colley MD</b>			22b. ADDRESS <b>Tyler, Texas</b>		22c. DATE SIGNED <b>5-17-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE <b>5-17-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakwood</b>	
23d. LOCATION (City, town, or county) (State) <b>Tyler, Texas</b>			24. FUNERAL DIRECTOR'S SIGNATURE <b>BWT Mattie E. Dignit 5250</b>		
25a. REGISTRAR'S FILE NO. <b>195</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>May 18, 1959</b>		25c. REGISTRAR'S SIGNATURE <b>B. Bynum</b>	

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

**TEXAS DEPARTMENT OF HEALTH**  
**REC'D JUN 10 1959**  
**BUREAU OF VITAL STATISTICS**  
 COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

4201 REV. 1/58