

1. PLACE OF DEATH a. COUNTY Dallas			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Texas b. COUNTY Dallas		
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		c. LENGTH OF STAY in l b. 2 days	c. CITY OR TOWN (If outside city limits, give precinct no.) Dallas University Park		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Baylor Medical Center			d. STREET ADDRESS (If rural, give location) 3531 Rosedale		
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) William		(a) First	(b) Middle Arthur	(c) Last Little	4. DATE OF DEATH July 27, 1961
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 March 12, 1891	9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architecture	10b. KIND OF BUSINESS OR INDUSTRY Architecture		11. BIRTHPLACE (State or foreign country) Mart, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Lafayette Little			14. MOTHER'S MAIDEN NAME Belle Mulloy Little		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 449-42-6982	17. INFORMANT William Arthur Little, Jr.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEPATIC FAILURE AND CARCINOMA DUE TO (b) METASTATIC CA. LIVER DUE TO (c) PRIMARY CA. CECUM PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NONE					INTERVAL BETWEEN ONSET AND DEATH 8 MOS 2
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 form 101) TEXAS DEPARTMENT OF HEALTH REC'D. AUG 10 1961 BUREAU OF VITAL STATISTICS		
20c. TIME OF INJURY Hour Month Day Year		20d. INJURY OCCURRED			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION Dallas		COUNTY Dallas	STATE Tex
21. I hereby certify that I attended the deceased from Jan 11 1961 on July 27 1961 and last saw the deceased alive on July 27 1961. Death occurred at 11:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Maurice B. Shannon MD</i>			22b. ADDRESS 4000 JUNIUS, DALLAS		22c. DATE SIGNED 7.28.61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 28, 1961	23c. NAME OF CEMETERY OR CREMATORY Not Available		
23d. LOCATION (City, town, or county) Waco, Texas		23e. DATE REC'D BY LOCAL REGISTRAR July 28, 1961	24. FUNERAL DIRECTOR'S SIGNATURE Sparkman's Inc. <i>D.L. Hudson</i>		
25a. REGISTRAR'S FILE NO. 3737	25b. DATE REC'D BY LOCAL REGISTRAR July 28, 1961		25c. REGISTRAR'S SIGNATURE J.W. Bass BY <i>Maurice B. Shannon</i> ACTING REGISTRAR		

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

NON-RESIDENT

003

15-3-61