

215-01-2 215-01

177 X 17

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

56249

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY <i>Stephens</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Texas</i> b. COUNTY <i>Stephens</i>		
b. CITY OR TOWN (If outside city limits, give precinct no.) <i>Breckenridge</i>		c. LENGTH OF STAY in <i>29 yrs.</i>	c. CITY OR TOWN (If outside city limits, give precinct no.) <i>Breckenridge</i>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <i>S. M. Hospital</i>			d. STREET ADDRESS (If rural, give location) <i>700 W. Walker St.</i>		
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 <i>William</i>		b) Middle <i>Alphonse</i>	c) Last <i>Maloney</i>	4. DATE OF DEATH <i>9-2-60</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>6-5-1878</i>	9. AGE (In years last birthday) <i>82</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>oil</i>	11. BIRTHPLACE (State or foreign country) <i>Lewiston, Maine</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Maloney</i>			14. MOTHER'S MAIDEN NAME <i>A. K.</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>✓</i>	17. INFORMANT <i>Theresa Maloney</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>CARCINOMA OF PROSTATE</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (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 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			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I hereby certify that I attended the deceased from <i>5-20</i> 19 <i>59</i> to <i>9-2</i> 19 <i>60</i> and last saw the deceased alive on <i>9-2-</i> 19 <i>60</i> . Death occurred at <i>4:28 p</i> m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. Lawrence, MD.</i>			22b. ADDRESS <i>Breckenridge, Tex.</i>		22c. DATE SIGNED <i>9-3-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>9-7-60</i>	23c. NAME OF CEMETERY OR CREMATOR <i>St. Marys</i>		
23d. LOCATION (City, town, or county) (State) <i>Attleboro-Bristol Co. Mass.</i>			24. FUNERAL DIRECTOR'S SIGNATURE <i>M. B. Lattinwhite</i>		
25a. REGISTRAR'S FILE NO. <i>70</i>	25b. DATE REC'D BY LOCAL REGISTRAR <i>9-5-60</i>		25c. REGISTRAR'S SIGNATURE <i>W. H. Hughes</i>		

VS-112, REV. 1/59

TEXAS DEPARTMENT OF HEALTH
REC'D OCT 5 1960
BUREAU OF VITAL STATISTICS