

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY WICHITA		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE TEXAS b. COUNTY WICHITA	
b. CITY OR TOWN (If outside city limits, give precinct no.) ELECTRA		c. LENGTH OF STAY in 1 b. 44 YRS	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION HILLCREST HAVEN HOME		e. STREET ADDRESS (If rural, give location) APT. I EASTVIEW HOMES	
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 ROBERT (b) Middle HENRY (c) Last RAY			4. DATE OF DEATH MARCH 11 1963		
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPTEMBER 17, 1886	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OILWELL PUMPER		10b. KIND OF BUSINESS OR INDUSTRY TEXACO INC.		11. BIRTHPLACE (State or foreign country) FORT LYON, COLORADO	
13. FATHER'S NAME NOAH RAY			14. MOTHER'S MAIDEN NAME JENNIE GROGAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. 451-03-6130		17. INFORMANT DAISY RAY ELECTRA, TEX.	

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>Cerebral Arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH 3 yrs
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 _____ Minute _____ Second _____ p.m. _____			
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	

TEXAS DEPARTMENT OF HEALTH
REC'D. **SEP 18 1963**
BUREAU OF VITAL STATISTICS STATE

21. I hereby certify that I attended the deceased from <i>11/3/60</i> to <i>3/11/63</i> and last saw the deceased alive on <i>3/10/63</i> . Death occurred at <i>5.30 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>W.H. Ogden</i> (Degree or title) M/D	22b. ADDRESS ELECTRA, TEXAS	22c. DATE SIGNED 3/12/1963

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/13/1963	23c. NAME OF CEMETERY OR CREMATORY NEW ELECTRA CEMETERY
23d. LOCATION (City, town, or county) ELECTRA TEXAS	24. FUNERAL DIRECTOR'S SIGNATURE <i>Jas. B. Tolpin & Son</i> ELECTRA, TEX.	
25a. REGISTRAR'S FILE NO. I4	25b. DATE REC'D BY LOCAL REGISTRAR 3/12/63	25c. REGISTRAR'S SIGNATURE <i>P.L. Holman</i> " " " "

VS-112, REV. 1/58