

|   |  |   |  |   |  |   |   |  |
|---|--|---|--|---|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Ellis</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Texas</b> b. COUNTY <b>Ellis</b>                       |  |   |   |  |
| b. CITY OR TOWN (If outside city limits, give precinct no.)<br><b>Italy</b>   |  |   | c. LENGTH OF STAY<br>in 1. b. <b>life</b>                |   |  | c. CITY OR TOWN (If outside city limits, give precinct no.)<br><b>Italy</b>                       |   |  |
| d. NAME OF (If not in hospital, give street address)<br>HOSPITAL OR INSTITUTION<br><b>Res. Italy, Texas</b>   |  |   |  | d. STREET ADDRESS (If rural, give location)<br><b>Italy, Texas</b>  |  |   |   |  |
| e. IS PLACE OF DEATH INSIDE CITY LIMITS?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  |   |  | e. IS RESIDENCE INSIDE CITY LIMITS?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  | f. IS RESIDENCE ON A FARM?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |  |
| 3. NAME OF DECEASED (Type or print)<br><b>Arthur Lee Shires</b>   |  | (a) First   |  | (b) Middle  |  | (c) Last  |   |  |
| 4. DATE OF DEATH<br><b>July 13, 1967</b>  |  |   |  |   |  |   |   |  |
| 5. SEX<br><b>Male</b>   |  | 6. COLOR OR RACE<br><b>White</b>  |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>Aug. 13, 1906</b>  |   |  |
| 9. AGE (In years last birthday)<br><b>60</b>  |  | IF UNDER 1 YEAR<br>Months <b>11</b> Days <b>11</b> Hours <b>11</b> Minutes <b>11</b>                      |  | IF UNDER 24 HRS.<br>Hours <b>11</b> Minutes <b>11</b>   |  | 9. AGE (In years last birthday)<br><b>60</b>  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Ret Baseball</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Pro Baseball</b> |   |  | 11. BIRTHPLACE (State or foreign country)<br><b>Texas</b>   |   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |   |  |   |  |   |   |  |
| 13. FATHER'S NAME<br><b>Josh Shires</b>   |  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |  |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>   |  | 17. INFORMANT<br><b>Miss Annie Shires (Sister)</b>  |  |   |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Bronchogenic carcinoma of lungs.</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |  |   |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |  |   |  |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I, Part II, or Part III of form 18.)<br><b>REC'D JUL 21 1967</b>   |  |   |  |   |  |   | BUREAU OF VITAL STATISTICS  |  |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a.m. _____ p.m. _____   |  | 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office building, etc.)   |  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY _____ STATE _____  |   |  |
| 21. I hereby certify that I attended the deceased from <b>March 22, 1967</b> to <b>July 13, 1967</b> and last saw the deceased alive on <b>July 13, 1967</b> . Death occurred at <b>5:00 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |   |  |   |   |  |
| 22a. SIGNATURE<br><i>W. Dykes MD.</i>   |  |   |  | 22b. ADDRESS<br><b>Italy, Texas</b>   |  | 22c. DATE SIGNED<br><b>7-18-67</b>  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  |   | 23b. DATE<br><b>July 16, 1967</b>                        |   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Italy Cemetery</b>                        |   |   |  |
| 23d. LOCATION (City, town, or county)<br><b>Italy</b>   |  |   | (State)<br><b>Texas</b>                                  |   | 24. FUNERAL DIRECTOR'S SIGNATURE<br><i>James E. Green</i><br><b>James E. Green</b> |   |   |  |
| 25a. REGISTRAR'S FILE NO.<br><b>237</b>   |  | 25b. DATE REC'D BY LOCAL REGISTRAR<br><b>7/17/67</b>  |  | 25c. REGISTRAR'S SIGNATURE<br><i>S. P. Goodman</i>  |  |   |   |  |