

101-01-2 101-01

187.0 17  
CERTIFICATE OF DEATH

STATE FILE NO.

27870

1. PLACE OF DEATH a. COUNTY <b>Harris</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Harris</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Houston</b>		c. LENGTH OF STAY in l. b. <b>12 years</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>M. D. Anderson Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1907 Gentry</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) <b>John Galletine Taff</b>		4. DATE OF DEATH <b>May 15, 1961</b>	
(a) First		(b) Middle	
(c) Last			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 3, 1890</b>
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>	
11. BIRTHPLACE (State or foreign country) <b>Austin, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>James Luther Taff</b>		14. MOTHER'S MAIDEN NAME <b>Irma Herpin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Hospital Records</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>Carcinoma of bladder</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>carcinoma of the prostate</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I hereby certify that I attended the deceased from <b>May 12,</b> 19 <b>61</b> to <b>May 15,</b> 19 <b>61</b> and last saw the deceased alive on <b>May 15,</b> 19 <b>61</b> . Death occurred at <b>6:55 p.</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		21. I hereby certify that I attended the deceased from <b>May 12,</b> 19 <b>61</b> to <b>May 15,</b> 19 <b>61</b> and last saw the deceased alive on <b>May 15,</b> 19 <b>61</b> . Death occurred at <b>6:55 p.</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>W. Neidhardt M.D.</b> (Degree or title)		22b. ADDRESS <b>M. D. Anderson Hospital</b>	
22c. DATE SIGNED <b>5-17-61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>May 18, 1961</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Oakwood Cemetery</b>			
23d. LOCATION (City, town, or county) <b>Austin Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>John W. Morrow, Jr.</b>	
25a. REGISTRAR'S FILE NO. <b>3234</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>MAY 19, 1961</b>	
25c. REGISTRAR'S SIGNATURE <b>J. N. Colburn</b>			

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

TEXAS DEPARTMENT OF HEALTH  
REC'D MAY 23 1961  
BUREAU OF VITAL STATISTICS

VS-12, REV. 1/58