

0131-01-0131-0

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS 3310 22

179

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

58335

1. PLACE OF DEATH a. COUNTY BEE		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE TEXAS b. COUNTY BEE	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) BEEVILLE		c. CITY (If outside corporate limits, write RURAL and give precinct no.) Beeville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 501 W. Gramman Street		d. STREET ADDRESS (If rural, give location) 501 W. Gramman Street	
3. NAME OF DECEASED (Type or Print) a. (First) CURTIS b. (Middle) WILLIAM c. (Last) WALKER		4. DATE OF DEATH December 9, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 3, 1896
9. AGE YEARS MONTHS DAYS 59 5 6		9. UNDER 24 Hrs. 24h.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Justice of Peace		10b. KIND OF BUSINESS OR INDUSTRY J.P. Pct 1	
11. BIRTHPLACE (State or foreign country) Beeville, Texas		11. BIRTHPLACE (State or foreign country) Texas	
12. FATHER'S NAME N.B. Walker		13. MOTHER'S MAIDEN NAME Firma F. Stovall	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) Yes		15. SOCIAL SECURITY NO. 465-38-0186	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. arterio-sclerosis DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 10 hrs 1945	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. CITY, TOWN, OR PRECINCT NO. (COUNTY) (STATE)		20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. HOW DID INJURY OCCUR?	
21. I hereby certify that I attended the deceased from 11-18-55 to 12-9-55 , that I last saw the deceased alive on 12-9-55 , 19 55 , and that death occurred at 8:30 P m., from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) J. M. Quinn		22b. ADDRESS BEEVILLE, TEXAS	
22c. DATE SIGNED 12-11-55		23a. BURNAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12-11-55		23c. NAME OF CEMETERY OR CREMATORY Glenwood Cemetery	
23d. LOCATION (City, town, or county) (State) Beeville, Texas		24. FUNERAL DIRECTOR'S SIGNATURE Walker Funeral Home, By: J. M. Quinn	
25a. REGISTRAR'S FILE NO. 106		25b. DATE REC'D BY LOCAL REGISTRAR Dec 13, 1955	
25c. REGISTRAR'S SIGNATURE G. M. Quinn			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE