

571.0  
TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY <u>Travis</u> b. CITY OR TOWN (if outside city limits, give precinct no.) <u>Austin</u> c. LENGTH OF STAY in 1 b. <u>1mo-29days</u> d. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION <u>Austin State Hospital</u> e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>Harris</u> c. CITY OR TOWN (if outside city limits, give precinct no.) <u>Barker</u> d. STREET ADDRESS (If rural, give location) <u>3117 Fry Road</u> e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) (a) First <u>George</u> (b) Middle <u>A.</u> (c) Last <u>Watkins</u> 4. DATE OF DEATH <u>June 1, 1970</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
8. DATE OF BIRTH <u>June 4, 1900</u>		9. AGE (in years last birthday) <u>69</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>27</u> IF UNDER 24 HRS.: Hours <u>11</u> Minutes <u>27</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same 10a</u>	
11. BIRTHPLACE (State or foreign country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13. FATHER'S NAME <u>Unobtainable</u>		14. MOTHER'S MAIDEN NAME <u>Unobtainable</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Navy-dates unk.-053-01-7095-</u>		16. SOCIAL SECURITY NO. <u>053-01-7095-</u>	
17. INFORMANT <u>Austin State Hospital Records</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TEXAS DEPARTMENT OF HEALTH IMMEDIATE CAUSE (a) <u>#571.0--Cirrhosis of liver</u> DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
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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 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 _____		COUNTY _____ STATE _____	

21. I hereby certify that I attended the deceased from 5:00pm-May 31 1970 to 4:00am-June 1 1970 and last saw the deceased alive on June 1 1970. Death occurred at 4:00am m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert G. Wilkerson, M.D.</u>	22b. ADDRESS <u>4110 Guadalupe, Austin, Texas</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>June 1, 1970</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>Hyltin-Mannor Funeral Home, Inc. Hohmann 5287</u>	
23d. LOCATION (City, town, or county) <u>Falsetine, Texas</u>		25c. REGISTRAR'S SIGNATURE <u>B.M. Pruner, M.D.</u>	
25a. REGISTRAR'S FILE NO. <u>730</u>		25b. DATE REC'D BY LOCAL REGISTRAR <u>6-1-1970</u>	
25c. REGISTRAR'S SIGNATURE <u>AUSTIN, TEXAS</u>		25d. REGISTRAR'S SIGNATURE _____	

VS-112, REV. 1/58