

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 1 b.				c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Houston</b>						
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Hermann Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2607 Herrington</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>Andrew</b>			(a) First			(b) Middle			(c) Last <b>Alexander</b>			4. DATE OF DEATH <b>May 15, 1966</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10-1-1891</b>		9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Minutes		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <b>JEANVERETTE LA USA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13. FATHER'S NAME <b>GEORGE ALEXANDER</b>				14. MOTHER'S MAIDEN NAME <b>DONT KNOW</b>				17. INFORMANT <b>Mary alexander</b>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.										
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: <b>Adenocarcinoma Prostate</b> <b>With Metastasis.</b>												INTERVAL BETWEEN ONSET AND DEATH		
<div style="border: 1px solid black; padding: 5px;">           TEXAS DEPARTMENT OF HEALTH            RECORD JUN 22 1966            BUREAU OF VITAL STATISTICS         </div>														
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 Month Day Year a.m. 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 COUNTY STATE						
21. I hereby certify that I attended the deceased from <b>4-26</b> on <b>5-15-</b> 19 <b>66</b> . Death occurred at <b>9:35 P.</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.				19. <b>66</b> to <b>5-15-</b> 19 <b>66</b> and last saw the deceased alive										
22a. SIGNATURE <i>William D. Cassidy M.D.</i>				(Degree or title)				22b. ADDRESS <b>Hermann Hospital, Houston</b>				22c. DATE SIGNED <b>6-7-66</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>				23b. DATE <b>5-20-66</b>				23c. NAME OF CEMETERY OR CREMATORY <b>JEANVERETTE CEMETERY</b>						
23d. LOCATION (City, town, or county) <b>JEANVERETTE LA</b>				(State)				24. FUNERAL DIRECTOR'S SIGNATURE <b>CARL BARNET F.H. Burns 4724</b>						
25a. REGISTRAR'S FILE NO. <b>04650</b>				25b. DATE REC'D BY LOCAL REGISTRAR <b>JUNE 14, 1966</b>				25c. REGISTRAR'S SIGNATURE <b>J. N. Alban</b>						

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112. REV. 1/58

2 copies

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