

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY Harris				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Harris												
b. CITY OR TOWN (If outside city limits, give precinct no.) Houston			c. LENGTH OF STAY in l. b.			c. CITY OR TOWN (If outside city limits, give precinct no.) Houston										
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION St Elizabeth Hospital				d. STREET ADDRESS (If rural, give location) 8543 COWART STREET												
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) (a) First LELIA			(b) Middle		(c) Last RAWLINS		4. DATE OF DEATH 1-6-1969									
5. SEX Female		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct 7, 1891		9. AGE (In years last birthday) 77								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jeanuerette, La			12. CITIZEN OF WHAT COUNTRY? U S A									
13. FATHER'S NAME George Alexander				14. MOTHER'S MAIDEN NAME Dont Know												
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Nolan Alexander												
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TEXAS DEPARTMENT OF HEALTH</td> <td style="width: 50%;">IMMEDIATE CAUSE (a) Pulmonary Embolus & CHF</td> <td style="width: 20%;">INTERVAL BETWEEN ONSET AND DEATH 12 hrs</td> </tr> <tr> <td>RECORD # 101-01-2-101-01-31</td> <td>DU TO (b) Atrial Fibrillation</td> <td>Yrs.</td> </tr> <tr> <td>BUREAU OF VITAL STATISTICS</td> <td>DU TO (c) AS HD</td> <td>Yrs.</td> </tr> </table>								TEXAS DEPARTMENT OF HEALTH	IMMEDIATE CAUSE (a) Pulmonary Embolus & CHF	INTERVAL BETWEEN ONSET AND DEATH 12 hrs	RECORD # 101-01-2-101-01-31	DU TO (b) Atrial Fibrillation	Yrs.	BUREAU OF VITAL STATISTICS	DU TO (c) AS HD	Yrs.
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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. _____		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 <u>1-6-1969</u> to <u>1-6-1969</u> and last saw the deceased alive on <u>1-6-69</u> , 19 <u>69</u> . Death occurred at <u>11-30 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.																
22a. SIGNATURE <i>Harold Mullins, M.D.</i>				22b. ADDRESS 5008 Lockwood, Houston		22c. DATE SIGNED 1-16-69										
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal				23b. DATE 1-8-1969		23c. NAME OF CEMETERY OR CREMATORY St Peter Cemetery										
23d. LOCATION (City, town, or county) Jeanuerette Louisiana				24. FUNERAL DIRECTOR'S SIGNATURE Herbert Ibert F.H. FRANKLIN LA. HERBERT IBERT F1083												
25a. REGISTRAR'S FILE NO. 0609		25b. DATE REC'D BY LOCAL REGISTRAR JAN. 23, 1969		25c. REGISTRAR'S SIGNATURE <i>St. N. Allen</i>												

VS-112, REV. 1/58