

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

PASTE PHOTO HERE


NOTIFICATION OF BIRTH REGISTRATION #3682

THIS CERTIFIES THAT A BIRTH RECORD HAS BEEN FILED WITH THE UNDERSIGNED
FOR Gloria Morales BORN April 24 19 43
PLACE San Antonio TEXAS - IN MY REGISTRATION DISTRICT.

FATHER Manuel Varga Morales
MOTHER Maria Lee Hughes
FULL NAME BEFORE MARRIAGE

Geo. W. Cox M.D. STATE HEALTH OFFICER
W. A. Davis M.D. STATE REGISTRAR
D. W. Mc Bee LOCAL REGISTRAR OF BIRTHS AND DEATHS

6:30 pm.



Generation 1

Gloria Morales Mata
Ancestor John McMurtry

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
STATE OF TEXAS

COUNTY OF Jim Hogg

CITY OR PRECINCT NO. Hebbronville, Texas GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF CHILD Jose Francisco Mata

RESIDENCE OF THE MOTHER } STREET AND NO. _____ CITY Hebbronville COUNTY Jim Hogg STATE Texas

3. SEX Male FOR PLURAL BIRTHS ONLY: 4. TWIN, TRIPLET, OTHER _____ 5. NUMBER, IN ORDER OF BIRTH _____ 6. LEGITIMATE? Yes 7. DATE OF BIRTH December 28, 1948

8. FULL NAME Jesus Mata 14. FULL MAIDEN NAME Maria Salas

SOCIAL SECURITY NUMBER _____ 15. POSTOFFICE ADDRESS Hebbronville, Texas

9. POSTOFFICE ADDRESS Hebbronville, Texas 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 35 (YEARS) 18. BIRTHPLACE (STATE OR COUNTRY) Pandado, Texas

10. COLOR OR RACE White 19. TRADE, PROFESSION OR KIND OF WORK DONE Loading cattle at shipping pens. 20. NUMBER OF CHILDREN BORN TO THIS MOTHER INCLUDING THIS BIRTH 6

11. BIRTHPLACE (STATE OR COUNTRY) Villanueva, N. I. Mexico 21. NUMBER OF CHILDREN BORN TO THIS MOTHER AND NOW LIVING 6

12. BIRTHPLACE (STATE OR COUNTRY) Pandado, Texas 22. MEDICAL ATTENDANCE _____

13A. TRADE, PROFESSION OR KIND OF WORK DONE _____ 13B. INDUSTRY OR BUSINESS IN WHICH ENGAGED _____ 19A. TRADE, PROFESSION OR KIND OF WORK DONE Housewife 19B. INDUSTRY OR BUSINESS IN WHICH ENGAGED Own Home

SIGNATURE OF INFORMANT Maria S. Mata ADDRESS OF INFORMANT Hebbronville, Texas

I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD BORN ALIVE STILLBORN AT 5:00 M. ON THE ABOVE DATE.

AND THE PROPHYLACTIC USED TO PREVENT OPHTHALMIA NEONATORUM WAS _____

DATE December 28, 1948 SIGNATURE Gustaly (her) Daribay M. D. _____ ADDRESS Hebbronville, Texas

23. FILE NUMBER 7784 FILE DATE Jan 7, 1949 SIGNATURE OF LOCAL REGISTRAR Emanuel... POSTOFFICE ADDRESS Hebbronville, Texas

COUNTY OF JIM HOGG }
STATE OF TEXAS }

I HEREBY CERTIFY that the above certificate is a true and accurate/copy of the record of birth ~~XXXX~~ of _____
Jose Francisco Mata, filed in my office, and is of record on
2284
"M" File Vol. 2 of the Records of Births & Deaths of Jim Hogg County, Texas
Witness my hand and seal of office this 18th day of August A.D. 19 89

Lilia Peña
LILIA PENA
County Clerk, Jim Hogg County, Texas

Gloria Diana Rodriguez Deputy.

CERTIFICATION OF VITAL RECORD
STATE OF TEXAS
SAN ANTONIO METROPOLITAN HEALTH DISTRICT

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NO.

1. NAME OF DECEASED (a) First JOSE (b) Middle FRANK (c) Last MATA (d) Maiden		2. SEX MALE	3. DATE OF DEATH AUGUST 7, 1989
4. RACE WHITE	5a. WAS THE DECEDENT OF HISPANIC ORIGIN? XX YES <input type="checkbox"/> NO	5b. IF YES, SPECIFY (Mexican, Cuban, Puerto Rican, Mexican American)	6. DATE OF BIRTH 12-3-1943
7. AGE (in years last birthday) 45		8. IF UNDER 1 YEAR	9. IF UNDER 24 HRS
8. SOCIAL SECURITY NUMBER NOT GIVEN			
9a. PLACE OF DEATH (Check only one) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> POA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. CITY OR TOWN (if outside city limits, give precinct) SAN ANTONIO		9c. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION	
9d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
10. BIRTHPLACE (City and State) BEVERLYVILLE, TX	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED
14. SURVIVING SPOUSE (if wife, give maiden name) GLORIA MORALES		15. DECEDENT'S EDUCATION (Highest grade completed) 10	
16a. USUAL OCCUPATION (give kind of work done during most of working life. Do not use retired) SELF EMPLOYED		16b. KIND OF BUSINESS OR INDUSTRY CARPENTER	
17a. RESIDENCE - STATE TEXAS		17b. COUNTY BEXAR	
17c. CITY OR TOWN (if outside city limits, show rural ZIP CODE) SAN ANTONIO, 78207		17d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
17e. STREET ADDRESS (if rural, give location) 7046 CASTLE RIDGE		18. FATHER'S NAME JESUS MATA	
18. MOTHER'S MAIDEN NAME MARIA FLORES		19. SIGNATURE OF INFORMANT Gloria M. Mata	
20a. MAILING ADDRESS OF INFORMANT (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7046 CASTLE RIDGE SAN ANTONIO, TEXAS 78227		21. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	
22a. DATE OF INJURY (Month, Day, Year)		22b. TIME OF INJURY	
22c. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		22d. DESCRIBE HOW INJURY OCCURRED	
22e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		22f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
23a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner as stated. (Signature and Title) Suzanna E. Dana, M.D.		23b. DATE SIGNED (Mo., Day, Yr.) 8-8-89	
23c. HOUR OF DEATH M.		23d. NAME OF ATTENDING PHYSICIAN (Type or Print)	
24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner as stated. (Signature and Title) Suzanna E. Dana, M.D.		24b. DATE SIGNED (Mo., Day, Yr.) 8-8-89	
24c. HOUR OF DEATH 1140		24d. PRONOUNCED DEAD (Mo., Day, Yr.) 08-7-89	
24e. PRONOUNCED DEAD (hour) AT 1140		25. MAILING ADDRESS OF CERTIFIER (Type or Print) 600 N LEONA, SAN ANTONIO TEXAS 78207	
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		26b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) SAN FERNANDO CEMETERY #2	
26c. LOCATION - City or Town, State SAN ANTONIO, TEXAS		26d. DATE OF DISPOSITION AUGUST 11, 1989	
26e. NAME AND ADDRESS OF FUNERAL HOME TREVINO FUNERAL HOME 226 CUPPLES RD. SAN ANTONIO, TEXAS 78237		26f. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (Signature and Title) Antonio Medina #9128	
27a. REGISTRAR'S NO. 5815		27b. YEAR OF LOCAL REGISTRATION AUG 15 1989	
27c. SIGNATURE OF LOCAL REGISTRAR Walter Parks		28. PART I. Enter the disease(s), injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause of death.	
IMMEDIATE CAUSE (Final disease or condition resulting in death) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		Approximate Interval Between Onset and Death	
DUE TO (OR AS A LIKELY CONSEQUENCE OF):			
DUE TO (OR AS A LIKELY CONSEQUENCE OF):			
DUE TO (OR AS A LIKELY CONSEQUENCE OF):			
DUE TO (OR AS A LIKELY CONSEQUENCE OF):			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		30a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
30b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
29a. Was decedent pregnant at time of death? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		29b. Was decedent pregnant during the last 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$5,000. (Article 447c, Revised Civil Statutes of Texas)

1126618

CERTIFIED COPY
 THIS IS A CERTIFIED TRUE AND EXACT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

DATE ISSUED: **NOV 04 2002** *Samuel V. Torres*
 SAMUEL V. TORRES
 Registrar

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

No. 296594


The State of Texas

County of Bexar

To any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi,
Judge of the District Court, Judge of the County Court, or Justice of the Peace:
You, or either of you, are hereby authorized to celebrate the rites of matrimony by joining in the

Holy Union of Matrimony

JOE FRANCISCO MATA and GLORIA HUGHES MORALES



in accordance with the Laws of this State and that you make due return of this, your authority, to my office, within sixty days after the celebration aforesaid, certifying how you have executed the same.

Given under my hand and the seal of the County Court of Bexar County, Texas, this 21 day of NOVEMBER, 1967.

James W. Knight
County Clerk, Bexar County, Texas

By John Morales, Deputy.

The foregoing License executed by joining the within named parties in the

Holy Union of Matrimony

this the 25 day of November, 1967.

<p>Two witnesses sign here</p> <p><u>W. L. By Jensen</u> <u>1204 Carthage Rd.</u></p>	<p>Official performing ceremony</p> <p><u>Bonita M. Garcia Jr</u> <u>Beth M. Garcia</u></p>
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Returned the 2 day of Dec, 1967 Recorded this the 2 day of Dec, 1967

By Quingsten Deputy JAMES W. KNIGHT Clerk.

THIS LICENSE WILL BECOME INVALID AND OF NO EFFECT UNLESS THE MARRIAGE BE SOLEMNIZED WITHIN FIFTEEN (15) DAYS FROM THE DATE OF THE MEDICAL EXAMINATION — EXCEPT WHEN REQUIREMENTS FOR MEDICAL EXAMINATIONS ARE WAIVED BY AN ORDER OF A COURT AS PROVIDED BY HOUSE BILL 588.

Date of medical examination of Mr. JOE FRANCISCO MATA : 21 NOV 196 7

Date of medical examination of M GLORIA HUGHES MORALES : 21 NOV 196 7

Date of court order waiving requirements as to medical examinations: _____ 196 _____

I HEREBY CERTIFY that previous to the issuance of this license there has been filed in my office the physician's certificate of medical examination of each applicant on the form as prepared by the Texas State Board of Health (or the alternate court order waiving the requirements as to medical examinations), all as required by House Bill 588, Acts of the 51st Texas Legislature, Regular Session, 1949.

WITNESS my official signature this the 21 day of NOVEMBER 196 7

By [Signature]
Deputy

[Signature]
County Clerk, Bexar County, Texas

Volume <u>155</u>	Page <u>234</u>
No. <u>296594</u>	
Original Marriage License	
<u>JOE FRANCISCO MATA</u>	
and	
<u>GLORIA HUGHES MORALES</u>	
THIS LICENSE EXPIRES AFTER,	
<u>15TH</u> Day	<u>DEC 5TH</u> Month
196 <u>7</u> Year	

JOE FRANCISCO MATA
4211 W. HOUSTON ST.
SAN ANTONIO, TEXAS

HEALTH DEPARTMENT
City of San Antonio, Texas

No. 773

50 Cents PAID

Certificate of Birth Registration

This Is to Certify, That *Manuel Morales*
CHILD'S NAME

[boy or girl] was Born to *Antonia Morales*
MOTHER'S MAIDEN NAME

and *Josefina Varg* as
FATHER'S NAME at *6 P* M.

o'clock, on the *14* day of *June*, *1914*,

in the City of San Antonio, Bexar County, Texas, and Recorded in City

Health Office in Register No. *192* in the year *1914*.

Date *9-11-35* *W. H. King* M. D.
HEALTH OFFICER

By *W. H. King* DEPUTY
CITY REGISTRAR

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

(Old-Date Certificates)

1 PLACE OF BIRTH
STATE OF Texas
County of Maverick
City or Precinct No. Eagle Pass Texas No. _____ St. _____
If in an Institution, give name of Institution instead of Street and No.

2 FULL NAME OF CHILD Mary Lee Hughes If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births _____ 4. Twin, triplet, or other Just 6. Premature Full term 7. Legitimate? 8. Date of birth May 24 1930 (Month, day, year)

9. Full name of FATHER Clarence Hughes 18. Full maiden name of MOTHER Viviana Arrabas
10. Residence (usual place of abode) E Pass Texas 19. Residence (usual place of abode) E Pass Texas
11. Color or race White 12. Age at last birthday 21 (years) 20. Color or race White 21. Age at last birthday 16 (years)

13. Birthplace (city or place) Castle Rock Wash. 22. Birthplace (city or place) Eagle Pass Texas
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. M.P. Mechanic 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. " " 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. "
16. Date (month and year) last engaged in this work 6-1-1930 17. Total time (years) spent in this work 12 years 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ Before labor During labor

I hereby certify that I attended the birth of this child, who was born alive at 4:30 a M. on the date stated above.
Originated Signed By Dolores G. Rodriguez (Signature) Dolores G. Rodriguez (Physician or Midwife)
Give name added from a supplemental _____ Address 740 Ave. A, Eagle Pass, Texas
Report _____, 19____ (23) FILED Nov 1st 34 G. B. Galau Registrar. #4

(24) Were prophylactic precautions taken at time of birth to prevent ophthalmia neonatorum? Yes No

AFFIDAVIT A - COPY

STATE OF TEXAS
COUNTY OF Maverick
Before me on this day appeared Dolores G. Rodriguez
known to me to be the person who signed the certificate attached hereto, who on oath deposes and says that the facts stated in the foregoing birth certificate of Mary Lee Hughes (Name appearing on Certificate) are true and correct to the best of his knowledge and belief, and that he was acquainted with the facts at the time of the event.
Originated Signed: Dolores G. Rodriguez
Sworn to and subscribed before me, this 1st day of November, 1934
G. B. Galau Notary Public in and for Maverick County, Texas.

(SEAL)

AFFIDAVIT B - COPY

STATE OF TEXAS
COUNTY OF Maverick
Before me on this day appeared Cristal De Leon
known to me to be the person who signed this affidavit, who on oath deposes and says that the facts stated in the foregoing birth certificate of Mary Lee Hughes (Name on Certificate) are true and correct, and that he is acquainted with the facts and that he is not related to the individual by blood or marriage.
Cristal De Leon

I hereby certify that this is a correct and true copy of the original on file "Registration" J.P. Precinct no 4. Maverick County Texas

WHEN A BIRTH OCCURS IN THE FAMILY OF AN EX-SERVICE MAN, the State Board of Health requests the medical attendant to fill out the following blank in order that the compensation due the family of an ex-service man because of such birth may be more quickly settled.

(1) Is the father reported to have been in such service? _____



(2) Name of organization in which service was rendered _____

(3) Serial Number of Discharge Papers or Adjusted Service Certificate _____

(4) Name of mother, if a widow _____
Post Office Address _____
Information furnished by _____

The Local Registrar who accepts a certificate of a birth in the family of an ex-service man, is requested by the State Board of Health to notify the nearest American Legion Post immediately.

S3442-234-10m





STATE OF TEXAS *015-012 01501* CERTIFICATE OF DEATH *4364* STATE FILE NO **52064**

1. NAME OF DECEASED (Type or print) MANUEL VARGAS MORALES			2. SEX MALE	3. DATE OF DEATH JULY 3, 1982	
4. RACE WHITE	5a. WAS THE DECEDENT OF SPANISH ORIGIN? YES	5b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. MEXICAN		6. DATE OF BIRTH 6-14-1914	7. AGE (in years last birthday) 68
8a. PLACE OF DEATH - COUNTY BEXAR		8b. CITY OR TOWN (If outside city limits, give precinct no.) SAN ANTONIO		8c. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION BAPTIST MEMORIAL HOSPITAL	
8d. INSIDE CITY LIMITS? YES		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		10. BIRTHPLACE (State or foreign country) TEXAS	11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? NO		13. SURVIVING SPOUSE (If wife, give maiden name)			
14. SOCIAL SECURITY NO. 467-10-9223		15a. USUAL OCCUPATION (Give kind of work done during past or working life, use a rating) AIRCRAFT MECHANIC		15b. KIND OF BUSINESS OR INDUSTRY CIVIL SERVICE-KELLY AIRFORCE BASE	
16a. RESIDENCE - STATE TEXAS	16b. COUNTY BEXAR	16c. CITY OR TOWN (If outside city limits, give street address) SAN ANTONIO	16d. STREET ADDRESS (If rural, give location) 210 MORELIA STREET		16e. INSIDE CITY LIMITS? YES
17. FATHER'S NAME SANTA ANNA MORALES		18. MOTHER'S MAIDEN NAME CONCEPCION VARGAS		19. SIGNATURE OF INFORMANT <i>Manuel J. Morales</i>	
20. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), (c))					
PART I		(a) CVA		Interval between onset and death	
Conditions, if any, which gave rise to immediate cause stating the underlying cause last		(b) Cerebral arteriosclerosis		Interval between onset and death	
		(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					21. AUTOPSY? NO
22a. ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify)		22b. DATE OF INJURY (Mo., Day, Yr.)	22c. HOUR OF INJURY	22d. DESCRIBE HOW INJURY OCCURRED	
22e. INJURY AT WORK (Specify yes or no)		22f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		22g. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	
23a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) <i>J. F. Cavozaos M.D.</i>			24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) TEXAS DEPARTMENT OF HEALTH		
23b. DATE SIGNED (Mo., Day, Yr.) 7-7-82		23c. HOUR OF DEATH 1:50 P.M.		24b. DATE (Mo., Day, Yr.) JULY 18 1982	
23d. NAME OF ATTENDING PHYSICIAN (Type or print) JOSE F. CAVOZOS M.D.		24c. HOUR OF DEATH		24d. PRONOUNCED DEAD (Mo., Day, Year)	
25a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		25b. DATE JULY 7, 1982		25c. NAME OF CEMETERY OR CREMATORY SAN FERNANDO ARCHDIOCESAN CEMETERY	
25d. LOCATION (City, town, or county) (State) SAN ANTONIO TEXAS		26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Porter Loring Mortuary</i>			
27a. REGISTRAR'S FILE NO. 4182		27b. DATE REC'D BY LOCAL REGISTRAR JUL 9 1982		27c. SIGNATURE OF LOCAL REGISTRAR <i>James Johnson</i>	

James Johnson
F. D. #5761
Mike Martinez
Emb. #4583

STATE OF TEXAS *015-01-2 015-01* CERTIFICATE OF DEATH *1749* STATE FILE NO. **14272**

1. PLACE OF DEATH a. COUNTY Bexar		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Texas b. COUNTY Bexar	
b. CITY OR TOWN (If outside city limits, give precinct no.) San Antonio		c. CITY OR TOWN (If outside city limits, give precinct no.) San Antonio	
c. LENGTH OF STAY in 1 b 60 years		d. STREET ADDRESS (If rural, give location) 210 Morelia Street	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Baptist Memorial Hospital		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH 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) Mary Lee Morales		4. DATE OF DEATH March 23, 1979	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 24, 1918
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Texas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Clarence Hughes	
14. MOTHER'S MAIDEN NAME Vivian Urrabaz		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 465-10-4006		17. INFORMANT <i>Manuel V. Morales</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of breast</i> Condition, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a)		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT, SUICIDE, HOMICIDE, OR DEATH FROM INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> TEXAS DEPARTMENT OF HEALTH REC'D APR 16 1979 BUREAU OF VITAL STATISTICS </div>			
20b. TIME OF INJURY		20c. CITY, TOWN, OR LOCATION	
20d. INJURY OCCURRED		20e. COUNTY	
20f. STATE		20g. CITY, TOWN, OR LOCATION	
20h. COUNTY		20i. STATE	
21. I hereby certify that I attended the deceased from <i>4/22</i> to <i>3/23/79</i> and last saw the deceased alive on <i>3/22/79</i> . Death occurred at <i>3:45 P.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Donald W. James, M.D.</i>		22b. ADDRESS <i>San Antonio, Texas</i>	
22c. DATE SIGNED <i>3-27-79</i>		22d. NAME OF CEMETERY OR CREMATORY <i>San Fernando Archdiocesan Cemetery</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 27, 1979	
23c. LOCATION (City, town, or county) San Antonio Texas		23d. FUNERAL DIRECTOR'S SIGNATURE <i>Porter Loring Mortuary</i>	
23e. REGISTRAR'S FILE NO. 1821		23f. REGISTRAR'S SIGNATURE <i>R. M. Warrington</i>	
24. DATE REC'D BY LOCAL REGISTRAR MAR 27 79		25. REGISTRAR'S SIGNATURE	

44

1606

James Johnson
F.D.#5761
Bradley Bates
Emb.#5103

Clarence Hughes - No BC available, but his "Old Man" Draft Card states his Birth Date and Place of Birth

REGISTRATION CARD—(Men born on or after April 28, 1877 and on or before February 16, 1897) ³

SERIAL NUMBER U 645	1. NAME (Print) Clarence No Mid. Name Hughes (First) (Middle) (Last)	ORDER NUMBER
2. PLACE OF RESIDENCE (Print) 511 N. San Jacinto St., San Antonio, Bexar Texas (Number and street) (Town, township, village, or city) (County) (State) [THE PLACE OF RESIDENCE GIVEN ON THE LINE ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL]		
3. MAILING ADDRESS Same [Mailing address if other than place indicated on line 2. If same insert word same]		
4. TELEPHONE None (Exchange)	5. AGE IN YEARS 46 DATE OF BIRTH 8 19 1895 (Mo.) (Day) (Yr.)	6. PLACE OF BIRTH Castle Rock (Town or county) Washington (State or country)
7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS Mrs. Mary Lee, Morales, 114 English way, San Antonio, Texas		
8. EMPLOYER'S NAME AND ADDRESS War Department, Air Corps, SAAD		
9. PLACE OF EMPLOYMENT OR BUSINESS Duncan Field, San Antonio, Bexar Texas (Number and street or R. F. D. number) (Town) (County) (State)		
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.		
D. S. S. Form 1 (Revised 4-1-42)	(over)	16-21630-2 Clarence Hughes (Registrant's signature)

Generation 3

Gloria Morales Mata
Ancestor John McMurtry

Clarence Hughes –No BC available, but from his Military Records in the Descriptive List below, it states his Birth is in Castle Rock, WA and his Parents being Mrs. Lettie Hughes and Edwin I. (Lincoln) Hughes.

DESCRIPTIVE LIST

Name address None
(No. and street or rural route, if rural, so state.)

Eagle Pass Texas
(City, town, or post office.) (State or country.)

Name and address of person to be notified in case of emergency:
Mother: Mrs. Lettie Hughes
(Name and degree of relationship; if listed, so state.)

None
(No. and street or rural route, if rural, so state.)

Napavine Washington
(City, town, or post office.) (State or country.)

Born in Castle Rock Washington
(Town or city.) (State or country.)

Age at enlistment, 24 yrs and 3 mos.; occupation, Soldier

Eyes, Blue; Hair, Light Brown

Complexion, Ruddy; height, 5 feet 6 inches

Married or single: Married

Indelible or permanent marks and physical defects at enlistment:

Vaccinated: Oct 10, 1919; result, *
 _____; result, *
 Typhoid immunization completed: Oct 30, 1919, 19
 Paratyphoid immunization completed: Oct 30, 1919, 19

PRIOR SERVICE

REGULAR ARMY †

Company 12th Infantry 615, 1915, to 10/6, 1916
(Company and regiment or corps or department.)

Discharged as Sgt; character, Excellent
(Grade.)

from _____, 19 _____, to _____, 19 _____
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

from _____, 19 _____, to _____, 19 _____
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

from _____, 19 _____, to _____, 19 _____
(Company and regiment or corps or department.)

Discharged as _____; character, _____
(Grade.)

* Successful or unsuccessful.
 † Insert numbers below last discharge from the Regular Army to show service in The United States Army, Volunteer Army, Navy, Marine Corps, and National Guard or Organized Militia, in the order named.

Clarence Hughes –No BC available, but from his Military Records Application for Compensation, it states his Birth is in Castle Rock, WA and and birth Date is Aug. 9, 1895.

WWC Form No. 1
APPLICATION FOR ADJUSTED COMPENSATION FOR SERVICE IN _____
(Army, Navy, Coast Guard, or Marine Corps)

92
 Applicant will make no entries in this column

This application must be sent to the War Department, Navy Department, or Marine Corps, as indicated in instructions, depending on whether your last service was in the Army, Navy, Coast Guard, or Marine Corps. Use the envelope provided for this purpose, with the proper address printed on it.

READ INSTRUCTIONS OVER CAREFULLY

To the Secretary of War or Secretary of the Navy.
 The following statements are made by me in support of my claim for Adjusted Compensation under the provisions of the World War Adjusted Compensation Act:

Item No. _____ Application number **414349**

- Name of veteran: Hughes Clarence ✓
(Last) (First) (Middle) Service or Serial No. 1164364 ✓
- Present address of veteran or dependent: 813 77 Broadway St
San Antonio, Bexar Texas
(City) (County) (State) (Texas number optional)
- Date of birth of veteran: Aug 19 1895 ✓
(Month) (Day) (Year) at Castle Rock Wash
(City) (State)
- Original entry into World War service in the Army, Navy, Coast Guard, or Marine Corps was as a Private on 9 April 1917 ✓
(Rank or grade) (Month) (Day) (Year) at Van Couver Pkts Wash
(City) (State)
- Date of separation: June 30 1920 ✓
(Month) (Day) (Year) at Camp Robert Et Michie
(City) (State)
- I did (did not) have overseas service. Now ✓
- Service in organizations, at stations or on vessels in the order named as follows:

from _____	to _____
from <u>Camp 7 17th Cav</u>	to <u>July 15 1918</u>
from _____	to <u>Aug 9 1920</u>
from _____	to _____
from _____	to _____
from _____	to _____
from _____	to _____
from _____	to _____
from _____	to _____
- Character given on discharge certificate: Excellent
Item 9 will be filled in only by men whose service or part of whose service was in the Marine Corps
- Embarked for overseas service on _____
(Date) at _____
(Place of port) and disembarked from _____
(Place of port) on _____
(Date) at _____
(Place of port) on return to United States from overseas service.

40-5781

Generation 3

Gloria Morales Mata
 Ancestor John McMurtry

No BC for Vivian Urrabas, but she is listed as the mother in Generation 2 of Mary Lee Hughes Birth Affidavit Statement in 1933

Included below is DC for Vivian Urrabas Hughes

STATE OF TEXAS 015-01-2 015-01 CERTIFICATE OF DEATH 514X 64 - 48688

1. PLACE OF DEATH a. COUNTY BEXAR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE TEXAS b. COUNTY BEXAR	
b. CITY OR TOWN (If outside city limits, give precinct no.) SAN ANTONIO		c. CITY OR TOWN (If outside city limits, give precinct no.) SAN ANTONIO	
c. LENGTH OF STAY 54 YEARS		d. STREET ADDRESS (If rural, give location) 111 QUERETARO STREET	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION METROPOLITAN GENERAL HOSPITAL		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) VIVIAN		4. DATE OF DEATH JULY 13, 1975	
5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH AUGUST 6, 1903	
9. AGE (in years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (State or foreign country) TEXAS		12. CITIZEN OF WHAT COUNTRY? UNITED STATES	
10b. KIND OF BUSINESS OR INDUSTRY OWN-HOME		13. FATHER'S NAME ISABEL URRABAS	
14. MOTHER'S MAIDEN NAME SIRIA SAENZ		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. 465-10-2048		17. INFORMANT Mary Lee Morales	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) IMMEDIATE CAUSE (a) Myocardial Failure with Pulmonary Congestion		INTERVAL BETWEEN ONSET AND DEATH 6 wks	
<p>CONDITIONS, IF ANY, PREVIOUS TO DEATH WHICH WERE CHIEFLY RESPONSIBLE FOR THE ABOVE CAUSE (b), stating the underlying cause last.</p> <p>Diabetes (many years)</p>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)	
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		20d. INJURY OCCURRED 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 March 15, 1963 to July 13, 1975 and last saw the deceased alive on July 13, 1975. Death occurred at 1:35 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Alfred Brewer M.D.		22b. ADDRESS SAN ANTONIO, TEXAS 525 Richmond Ave.	
22c. DATE SIGNED 7/15/75		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE JULY 15, 1975		23c. NAME OF CEMETERY OR CREMATORY SAN FERNANDO CEMETERY #2	
23d. LOCATION (City, town, or county) (State) SAN ANTONIO, TEXAS		24. FUNERAL DIRECTOR'S SIGNATURE M. Martinez	
25a. REGISTRAR'S FILE NO. 3934		25b. DATE REC'D BY REGISTRAR JUL 16 1975	

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS
ALFRED BREWER M.D.
1006
F.D. 593
EMGB1761
VS-12, REV. 1/58

Generation 3






Gloria Morales Mata
Ancestor John McMurtry

Included below is a Copy from Find a Grave, with information for Vivian Urrabas Hughes Death as well

Vivian *Urrabas* Hughes

[Memorial](#) [Photos](#) [Flowers](#) [Share](#) [Edit](#)

[Learn about upgrading this memorial...](#)

<p>Birth: Aug. 6, 1903 Texas, USA</p> <p>Death: Jul. 13, 1975 San Antonio Bexar County Texas, USA</p> <p>Parents Isabel and Siria Saenz Urrabas</p> <p>Family links: Parents: Siria Saiz Urrabas (1880 - 1927)</p> <p>Spouse: Clarence Hughes (1895 - 1977)</p> <p>Children: Mary Lee Hughes Morales (1918 - 1979)* Walter C Hughes (1919 - 1944)* Nora Agnes Hughes Turegano (1920 - 2002)*</p> <p>*Calculated relationship</p> <p>Burial: San Fernando Cemetery #2 San Antonio Bexar County Texas, USA</p> <p>Created by: Tim Allen Record added: Oct 25, 2014 Find A Grave Memorial# 137750092</p>	 <p>Cemetery Photo Added by: amtsunshine</p> <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid #ccc; padding: 5px; text-align: left;">Add a photo for this person </div><div style="border: 1px solid #ccc; padding: 5px; text-align: left;">Request A Photo </div></div> <p>Photos may be scaled. Click on image for full size.</p> <div style="border: 1px solid #ccc; padding: 10px; text-align: center; margin-top: 20px;"> Leave flowers and a note </div>
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Generation 3

Gloria Morales Mata
Ancestor John McMurtry

Clarence Hughes and Vivian Hughes – No Marriage Certificate, but 1926 City Directory in San Antonio, TX show Clarence and Vivian Hughes living at 1317 Burleson.

U.S. City Directories (Beta) Record for Clarence Hughes

Return to Record Texas > San Antonio > 1926 > San Antonio, Texas, City Directory, 1926 > 361

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<p>PLY CO.</p> <p>urgical truments Supplies</p> <p>HOSPITAL EQUIPMENT</p> <p>OPEDIC BRACES DOMINAL PPORTERS</p> <p>STIC HOBIERY TRUSSES</p> <p>ICAL ARTS BLDG ON AVE. E Cr. 4528</p> <p>4184</p>	<p>" Mary (wid Waymond E) r 223 S Mesquite</p> <p>" Walter (Cleo) trainm S A Pub Service Co r 405 W Elmira</p> <p>Hugh Edgar A (Lillie) driver Pub Service Co r 100 Loma</p> <p>Hughes Alberta h 222 Warren</p> <p>" Anthony (Cora) carp rms 814 Av B</p> <p>" Arthur H (Rose) vet surg r 607 St John</p> <p>" Arthur J (Hulda) oil lease and real est 705 Gunter bldg r 1216 S Alamo</p> <p>" Chas (Ella) h 1040 W Craig pl</p> <p>" Chas emp New York Buyers Assn h 212 Dallas</p> <p>" Clarence (Vivian) car repr S P Lines r 1317 Burleson</p> <p>" Claude P tuner Walthall Music Co h 134 Dullnig ct</p> <p>" Cora S sten U S Veterans Bureau h 218 Nolan</p> <p>" Corinne r 910 N Brazos</p> <p>" Daisy Mrs r 737 Patterson av</p> <p>" Daisy cook 106 W Rosewood av h 104 Pearl</p> <p>" Ella dressmkr 106 Marcia pl</p> <p>" Ernest C (Darthule) mach S P Shops r 1016 Santa Barbara</p> <p>" Ernest W h 903 av A</p> <p>" Eva restr 226 Chesnut h 129 Booker</p> <p>HUGHES E GERTRUDE BAILEY MRS, Asst Chief Probation Officer 3d fl County Court, Hse Tel Cr 1408X r 322 Terrell Av. Tel M 2595-J</p>	<p>" Wm H h 106 Taylor</p> <p>" Wm H (Margt) clo clnr 104 burg rd</p> <p>" Wm J (Rosie) whsemn Ma Co r 818 S Peach</p> <p>" Wm P phys h 106 Taylor</p> <p>" Zachariah A h 322 Terrell</p> <p>Hughey see also Huey</p> <p>" Jeff B (Ella) truck driv Fireproof Storage Co r 4</p> <p>" Lillian opr S W Bell Tel Simon</p> <p>" Nora (wid John) r 219 Simo</p> <p>" Wiltur clk h 219 Simon</p> <p>Hughson Floyd D (Leete) sl Superior Refrigeratin Co Elmira</p> <p>Hughston see Houston, Hueston</p> <p>Hugman Alice packer Pabs En h 112 Peach</p> <p>" Annie Mrs h 108 Fir</p> <p>" Henry pntr h 112 Peach</p> <p>" Marguerite bkpr City Water 108 Fir</p> <p>" Robt C H (Annie) carp r 10;</p> <p>Hugo Ceresiensio (Laura) farm Virginia blvd</p> <p>" Lucille W mrs r 318 W Pop</p> <p>HUGO RALPH H, (Alice B; Hu & Co), V-Free Peoples Fin 307 E Park av, Tel Tr 384</p> <p>" Vane (Ora) garage 635 Sole</p>
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