STATE OF TEXAS 203-01-2 203-01 CERTIFICATE OF DEATH 5699 64 STATE FILE NO. 05765

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

**1. PLACE OF DEATH**
a. COUNTY: SAN AUGUSTINE
b. CITY OR TOWN (If outside city limits, give precinct no.): SAN AUGUSTINE
c. LENGTH OF STAY in I b.: 69YRS.
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION: SAN AUGUSTINE. MEM. HOSP.
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: TEXAS b. COUNTY: SAN AUGUSTINE
c. CITY OR TOWN (If outside city limits, give precinct no.): SAN AUGUSTINE
d. STREET ADDRESS (If rural, give location): 210 E. PLANTERS
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (Type or print): (a) First CORRIE (b) Middle LOU (c) Last GREER
4. DATE OF DEATH: JAN. 11, 1973
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: DEC. 5, 1886
9. AGE (In years last birthday): 86
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): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC
11. BIRTHPLACE (State or foreign country): TEXAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: BENJIMAN ALLEN CALHOUN
14. MOTHER'S MAIDEN NAME: JOSEPHINE TUCKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): N/A
16. SOCIAL SECURITY NO.: 437 74 7413
17. INFORMANT: MRS. NELDA GOETZ (DAUGHTER)

TEXAS DEPARTMENT OF HEALTH
REC'D FEB 2 1973
BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Acute Gastric Hemorrhage
DUE TO (b): Cause undetermined
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a): 1. Senility 2. Acute Posterior Infarct
WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 Jan 2, 1973, 19 to Jan 11, 1973, 19 and last saw the deceased alive on Jan 11, 1973, 19. Death occurred at 1:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): M. D. Burnett MD
22b. ADDRESS: San Augustine, Tex
22c. DATE SIGNED: 1-15-73

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JAN. 13, 1973
23c. NAME OF CEMETERY OR CREMATORY: SAN AUGUSTINE CITY CEMETERY
23d. LOCATION (City, town, or county) (State): SAN AUGUSTINE TEXAS
24. FUNERAL DIRECTOR'S SIGNATURE: Albert L. Godsey
WYMAN ROBERTS FUNERAL HOME #6357
25a. REGISTRAR'S FILE NO.:
25b. DATE REC'D BY LOCAL REGISTRAR: 1-15-73
25c. REGISTRAR'S SIGNATURE: Elmer Ward

VS-112. REV. 1/58