203-1-2 - 203-1-0

1620.17

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF TEXAS — CERTIFICATE OF DEATH

STATE FILE NO. 32848

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH
a. COUNTY: SAN AUGUSTINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give precinct no.): SAN AUGUSTINE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAN AUGUSTINE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: TEXAS
b. COUNTY: SAN AUGUSTINE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give precinct no.): SAN AUGUSTINE
d. STREET ADDRESS (If rural, give location): P.O. BOX 35

3. NAME OF DECEASED (Type or Print): a. (First) JACK b. (Middle) ROBERT c. (Last) GREER

4. DATE OF DEATH: 5-25-56

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 1-29-1876

9. AGE: YEARS 80 MONTHS 3 DAYS 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LUMBERMAN

10b. KIND OF BUSINESS OR INDUSTRY: SAWMILLER

11. BIRTHPLACE (State or foreign country): SAN AUGUSTINE COUNTY, TEXAS

12. FATHER'S NAME: L.V. GREER — BIRTHPLACE: TEXAS

13. MOTHER'S MAIDEN NAME: JOSEPHINE McCAULEY — BIRTHPLACE: TEXAS

14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

15. SOCIAL SECURITY NO.:

16. INFORMANT'S SIGNATURE: Carrie Greer

MEDICAL CERTIFICATION

17. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the Lung with Metastases — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

TEXAS DEPARTMENT OF HEALTH
REC'D JUL 5 1956
BUREAU OF VITAL STATISTICS

18a. DATE OF OPERATION: Feb. 1956

18b. MAJOR FINDINGS OF OPERATION: Found Metastatic Cancer in Ribs on Left Chest

19. AUTOPSY? YES ☐ NO ■

20a. ACCIDENT SUICIDE HOMICIDE (Specify): None

20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE): None

20d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20f. HOW DID INJURY OCCUR? None

21. *I hereby certify that I attended the deceased from* Dec., 19 56, *to* May 25, 19 56, *that I last saw the deceased alive on* May 25, 19 56, *and that death occurred at* 11:30 A *m., from the causes and on the date stated above.*

22a. SIGNATURE (Degree or title): Matthew J. Burkett MD

22b. ADDRESS: San Augustine Tex

22c. DATE SIGNED: 6/16/56

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 5-27-56

23c. NAME OF CEMETERY OR CREMATORY: CITY CEMETERY

23d. LOCATION (City, town, or county) (State): SAN AUGUSTINE, TEXAS

24. FUNERAL DIRECTOR'S SIGNATURE: Charles P. Lawrence

25a. REGISTRAR'S FILE NO.:

25b. DATE REC'D BY LOCAL REGISTRAR: 6-16-56

25c. REGISTRAR'S SIGNATURE: J.A. Phillips