

The certificate must show the residence, age, and occupations of the parents at the time the birth occurred. Items 20 and 21 apply only to those children born prior to and including this birth. No statement as to events occurring subsequent to this birth should be shown on this record.

USE THIS FORM FOR CORRECTING A CERTIFICATE FILED AT THE TIME THE BIRTH OCCURRED.
THIS FORM CANNOT BE USED FOR CORRECTING RECORDS FILED THROUGH THE PROBATE COURT

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

#43325

1 PLACE OF BIRTH
STATE OF TEXAS

COUNTY OF Martin

CITY OR PRECINCT NO. Stanton, Texas

2 FULL NAME OF CHILD Leo Ernest Burleson

RESIDENCE OF THE MOTHER { STREET AND NO. CITY Stanton COUNTY Martin STATE Texas

3 SEX Male

4. TWIN, TRIPLET, OTHER -

5. NUMBER IN ORDER OF BIRTH -

6. LEGITIMACY Yes

7. DATE OF BIRTH Sept. 22, 1911, 19

8. FULL NAME John J. Burleson

14. FULL MAIDEN NAME Gouldo McCullough

9. POSTOFFICE ADDRESS Stanton, Texas

15. POSTOFFICE ADDRESS Stanton, Texas

10. COLOR OR RACE White

11. AGE AT TIME OF THIS BIRTH 31 (YEARS)

16. COLOR OR RACE white

17. AGE AT TIME OF THIS BIRTH 25 (YEARS)

12. BIRTHPLACE (STATE OR COUNTRY) San Angelo, Texas

18. BIRTHPLACE (STATE OR COUNTRY) Comanche, Texas

13A. TRADE, PROFESSION OR KIND OF WORK DONE Farmer

13B. INDUSTRY OR BUSINESS IN WHICH ENGAGED Farm

19A. TRADE, PROFESSION OR KIND OF WORK DONE housewife

19B. INDUSTRY OR BUSINESS IN WHICH ENGAGED Home

20. NUMBER OF CHILDREN BORN TO THIS MOTHER INCLUDING THIS BIRTH two

21. NUMBER OF CHILDREN BORN TO THIS MOTHER AND NOW LIVING two

SIGNATURE OF INFORMANT Nettie Cobb

ADDRESS OF INFORMANT 01 Peach Tree St. Dallas Texas

22. MEDICAL ATTENDANCE

I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD BORN ALIVE AT 6 A.M. ON THE ABOVE DATE.

AND THE PROPHYLACTIC USED TO PREVENT OPHTHALMIA NEONATORUM WAS -

SIGNATURE L. C. Brown M.D. Stanton, Texas

23. FILE NUMBER 194 FILE DATE 194 SIGNATURE OF LOCAL REGISTRAR - POSTOFFICE ADDRESS -

AFFIDAVIT

STATE OF TEXAS Texas

COUNTY OF Texas

Before me on this day appeared Nettie Cobb known to me to be the person whose name is signed to the above certificate, who she deposes and says that the facts stated in the foregoing certificate are true and correct to the best of his knowledge and belief, and that this certificate is filed for the purpose of correcting the original record of the birth of Leo Ernest Burleson (Name appearing on original certificate)

Signature Nettie Cobb

Sworn to and subscribed before me, this 15th day of July, 1942

Trinnie Memonian

Notary Public in and for Dallas County, Texas.

057-1-0-2 057-1-0

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO. 66804

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Texas b. COUNTY Dallas	
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		c. CITY OR TOWN (If outside city limits, give precinct no.) Dallas	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Parkland Hospital		d. STREET ADDRESS (If rural, give location) 505 1/2 East Ninth	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐		e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐ f. IS RESIDENCE ON A FARM? YES ☐ NO ☒	
3. NAME OF DECEASED (Type in print) (a) First Leo (b) Middle Ernest (c) Last Burleson		4. DATE OF DEATH December 11, 1958	
5. SEX Male		6. DATE OF BIRTH 9-22-1911	
7. COLOR OR RACE White		8. AGE (In years last birthday) 47	
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10. KIND OF BUSINESS OR INDUSTRY Printing	
11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Jack G. J. Burleson		14. MOTHER'S MAIDEN NAME Golda McCollough	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 450-09-7949	
17. INFORMANT Mrs. Martelli Burleson			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral metastasis DUE TO (b) Bronchogenic Carcinoma DUE TO (c)			
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 ☐ NO ☒			
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 Month Day Year			
20d. INJURY OCCURRED		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	
21. I hereby certify that I attended the deceased from 11-22-58 to 12-11-58 and last saw the deceased alive on 12-11-58 at 1:08 A.M. on the date stated above, and to the best of my knowledge, from the cause stated.		22a. ADDRESS PARKLAND MEMORIAL HOSPITAL	
22b. SIGNATURE James A. Gorman J.M.A.		22c. DATE SIGNED 12-11-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. NAME OF CEMETERY OR CREMATORY Laurel Land	
23c. LOCATION (City, town, or county) Dallas Texas		23d. FUNERAL DIRECTOR'S SIGNATURE Cave-Smith Morticians Inc. J.M. Lane	
25a. REGISTRAR'S FILE NO. 5654		25b. DATE REC'D BY LOCAL REGISTRAR Dec. 11, 1958	
		25c. REGISTRAR'S SIGNATURE J.W. Bass & Maurine Lamm	

TEXAS DEPARTMENT OF HEALTH
REC'D JAN 12 1958
BUREAU OF VITAL STATISTICS

3

Name	Buna Martell Burleson
Alternate Name	Buna Martell Lott
Gender	Female
Race	White
Record Type	Application
Birth	Sep 3 1913 📍 Agua Dulce, El Paso County, Texas, United States
Submission date	Sep 1957
Father	Marbo D Lott
Mother	Henretta McNair
Signed By	Client's signature
Reference Number	66273731844



S. Social Security Applications and aims, 1936-2007

3,604,200 RECORDS

This collection contains records created by
the Social Security Administration when
individuals applied for a Social Security
number or when a claim was made for
disability, retirement, or death benefit. [More](#)

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Related records for Buna Martell Burleson ⓘ

If additional records found, try a [manual
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057-01-2 057-12

STATE OF TEXAS

CERTIFICATE OF DEATH 4280 STATE FILE NO 01449

1 NAME OF DECEASED (Type or print) (a) First (b) Middle (c) Last
Buna Martell Burleson

2 SEX
female

3 DATE OF DEATH
1-2-81

4 RACE
white

5a WAS THE DECEASED OF SPANISH ORIGIN?
no

5b IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.

6 DATE OF BIRTH
9-3-1913

7 AGE (in years last birthday)
67

8 UNDER 1 YEAR
Days
Hours
Minutes

9 UNDER 24 HRS
Hours
Minutes

10 PLACE OF DEATH (City, town, or county)
Dallas

11 City or town (if outside city limits, give precinct no.)
Dallas

12 NAME OF HOSPITAL OR INSTITUTION
Dallas Osteopathic Hospital

13 SURVIVING SPOUSE (If so, give maiden name)
yes

14 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
widowed

15 BIRTHPLACE (State or foreign country)
Texas

16 CITIZEN OF WHAT COUNTRY?
USA

17 WAS DECEASED EVER IN U.S. ARMED FORCES?
no

18 SOCIAL SECURITY NO.
450-09-7949

19a USUAL OCCUPATION (Give kind of work done during most of working life even if retired)
Housewife

19b KIND OF BUSINESS OR INDUSTRY
domestic

19c RESIDENCE - STATE
Texas

19d COUNTY
Dallas

19e CITY OR TOWN (if outside city limits, show rural)
Irving

19f STREET ADDRESS (If rural, give location)
922 Oakland Apt. 2

19g INSIDE CITY LIMITS?
yes

17 FATHER'S NAME
Marbo Duncan Lott

18 MOTHER'S MAIDEN NAME
Henrietta McNair

19 SIGNATURE OF INFORMANT
Fred Burleson

20 IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), (c))

(a) Respiratory failure
DUE TO, OR AS A CONSEQUENCE OF

(b) Pneumonia
DUE TO, OR AS A CONSEQUENCE OF

(c) Congestive heart failure
DUE TO, OR AS A CONSEQUENCE OF

21 AUTOPSY?
no

22a ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST (Specify)
no

22b DATE OF INJURY (Mo. Day, Yr.)
no

22c HOUR OF INJURY
no

22d DESCRIBE HOW INJURY OCCURRED
no

22e INJURY AT WORK (Specify yes or no)
no

22f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
no

22g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE
no

23a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Time)
C. D. Brashier, D.O.

23b DATE SIGNED (Mo. Day, Yr.)
1-5-81

23c HOUR OF DEATH
3:26 p.m.

23d NAME OF ATTENDING PHYSICIAN (Type or print)
C. D. Brashier, D.O.

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 Time)
J. P. Willis

24b DATE SIGNED (Mo. Day, Yr.)
FEB 19 1981

24c HOUR OF DEATH
no

24d PRONOUNCED DEAD (Mo. Day, Year)
ON

24e PRONOUNCED DEAD (Hour)
AT

25a BURIAL, CREMATION, REMOVAL (Specify)
burial

25b DATE
1-5-81

25c NAME OF CEMETERY OR CREMATORY
Laurel Land Memorial Park

26 SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
Jim Cave Funeral Home

27a REGISTRAR'S FILE NO.
220

27b DATE REC'D BY LOCAL REGISTRAR
JAN - 8 1981

27c SIGNATURE OF LOCAL REGISTRAR
Johnnie P. Willis

Dallas > 1929-1932

MARRIAGE RECORD

413

THE STATE OF TEXAS, } 8366

County of Dallas.

To any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi, Judge of the District or County Court, or Justice of the Peace in the State of Texas

GREETING:

YOU ARE HEREBY AUTHORIZED To Celebrate the Rites of Matrimony between Leo Burleson
 and Miss Marshall Golt and make due return to the County Clerk of said County, within sixty days thereafter, certifying your action under this License.

WITNESS My official signature and seal of office, at office in Dallas, this 24th day of Jan A. D. 1931

(L.S.)

I, the undersigned hereby certify that on the 31st day of January A. D. 1931
 I united in Marriage Mr. Leo Burleson and Miss Marshall Golt
 the parties above mentioned.

WITNESS My hand, this 31st day of January A. D. 1931

Returned and filed for record the 4 day of Feb A. D. 1931, and recorded the 11 day of Feb A. D. 1931

How disposed of 407 S. Poydras St