VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

STATE OF OHIO
OFFICE OF VITAL STATISTICS

CERTIFICATION OF BIRTH

STATE FILE NUMBER	1919A000341	**DATE RECORD FILED**	02/21/1941
NAME	WILLIAM EDWIN DEAN		
DATE OF BIRTH	11/30/1919	**SEX**	MALE
BIRTHPLACE	OHIO		
MOTHER'S NAME	NORA B DEAN	**FATHER'S NAME**	EDWIN DEAN
LAST NAME PRIOR TO FIRST MARRIAGE	MCCLELLAN		
MOTHER'S BIRTHPLACE	PENNSYLVANIA	**FATHER'S BIRTHPLACE**	PENNSYLVANIA

Note: This birth record is a delayed filing (more than 1 year after the date of birth) and the file date is correct.

This is a true certification of the name and birth facts as recorded in the Office of Vital Statistics, Columbus, Ohio. Witness my signature and seal of the Department of Health this 07 day of September, 2019

State Registrar of Vital Statistics

H8329505

CENTRAL LOCATION

REV. 7/2015

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

CERTIFICATION OF VITAL RECORD

STATE OF TEXAS

SAN ANTONIO METROPOLITAN HEALTH DISTRICT

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last): WILLIAM EDWIN DEAN
(Maiden):
2. DATE OF DEATH - ACTUAL OR PRESUMED: 06/20/2006
3. SEX: MALE
4. DATE OF BIRTH: 11/30/1919
5. AGE-Last Birthday (Years): 86
IF UNDER 1 YR: MO / DAYS
IF UNDER 1 DAY: HOURS / MIN
6. BIRTHPLACE (City & State or Foreign Country): AKRON, OH
7. SOCIAL SECURITY NUMBER: 293-14-7515
8. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
9. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage): MARGARET SMITHSON
10a. RESIDENCE STREET ADDRESS: 255 WILDROSE AVE
10b. APT. NO.:
10c. CITY OR TOWN: SAN ANTONIO
10d. COUNTY: BEXAR
10e. STATE: TEXAS
10f. ZIP CODE: 78209
10g. INSIDE CITY LIMITS? ☒ Yes ☐ No
11. FATHER'S NAME: EDWIN DEAN
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: NORA MCCLELLAND
13. PLACE OF DEATH (CHECK ONLY ONE)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
14. COUNTY OF DEATH: BEXAR
15. CITY/TOWN, ZIP CODE (If outside city limits, give precinct no): SAN ANTONIO, 78209
16. FACILITY NAME (If not institution, give street address): ALAMO HEIGHTS HEALTH AND REHABILITATION CENTER
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED: MARGARET DEAN - WIFE
18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code): 255 WILDROSE AVE, SAN ANTONIO, TX 78209
19. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)
20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: JENNIFER LUCILLE MCGEE ,BY ELECTRONIC SIGNATURE - 11965
21. ☐ Unkown — Section 42 — Block — Lot — Space 989
22. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place): FORT SAM HOUSTON NATIONAL CEMETERY
23. LOCATION (City/Town, and State): SAN ANTONIO,TX
24. NAME OF FUNERAL FACILITY: PORTER LORING MORTUARY MCCULLOUGH
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City State, Zip Code): 1101 MCCULLOUGH AVENUE, SAN ANTONIO, TX 78212
26. CERTIFIER (Check only one)
☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Medical Examiner/Justice of the Peace - 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 stated
27. SIGNATURE OF CERTIFIER: Guilford Robinson
28. DATE CERTIFIED (Mo/Day/Yr): 06/27/06
29. LICENSE NUMBER: G7577
30. TIME OF DEATH (Actual or presumed): 10:40 A.M.
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code): Guilford Robinson, MD- 5150 Broadway #610, San Antonio, Tx 78209
32. TITLE OF CERTIFIER: Medical Doctor

WARNING — The penalty for knowingly making a false statement in this form can be a 2-10 years in prison and a fine up to $10,000. (Health and Safety Code, Sec. 195, 1888)

CAUSE OF DEATH

33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE

Approximate interval Onset to death

IMMEDIATE CAUSE (Final disease or condition ——> resulting in death)
a. Dehydration
Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST
b. Vascular dementia
Due to (or as a consequence of):
c. DM
Due to (or as a consequence of):
d. HTN

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.
Pedal osteomyelitis, diabetic foot ulcer

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

36. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ No ☐ Probably ☐ Unknown
38. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year
39. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
40a. DATE OF INJURY (Mo/Day/Yr)
40b. TIME OF INJURY
40c. INJURY AT WORK? ☐ Yes ☐ No
40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
40e. LOCATION (Street and Number, City, State, Zip Code)
40f. COUNTY OF INJURY
41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.: 02 05741
42b. DATE RECIEVED BY LOCAL REGISTRAR: JUL 03 2006
42c. REGISTRAR: Samuel V. Torres

VS-112 REV 1/2006

1721708

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

Issued: JUL 05 2006

Samuel V. Torres
Samuel V. Torres
Local Registrar

1. PLACE OF BIRTH

City of
Civil Dist.
Town
County

STATE OF TENNESSEE
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Registration District No.
Primary Registration Dist. No.

CERTIFICATE OF BIRTH

File No. 3651
Registered No. 3681

(No. 791 St.; Ward)

FULL NAME OF CHILD: Margaret Eloise

If child is not yet named, make supplemental report, as directed

Sex of Child	4. Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth?	5. Legitimate?	Date of birth (Month) Day Year
F			Yes	Oct. 12 1927

FATHER

FULL NAME: Jasper Green Smithson
RESIDENCE †: 2053 Alice
COLOR: W
10. AGE AT LAST BIRTHDAY: 35 Years
BIRTHPLACE: Saltillo, Tenn.
OCCUPATION: Gas Salesman (Baxter, Burns Co.)

MOTHER

12. FULL MAIDEN NAME: Eloise Willson
13. RESIDENCE †: Same
14. COLOR: W
16. AGE AT LAST BIRTHDAY: 25 Years
15. BIRTHPLACE: Alden Bridge, La.
17. OCCUPATION: Housework

18. Number of children born to this mother including present birth: 1
Number of children of this mother now living: 1

19. Born at full term: Yes

20. CERTIFICATE OF ATTENDING PHYSICIAN*

I hereby certify that I attended the birth of this child, who was born alive at 12 P.M. on the day above stated.

Born alive or stillborn

(Signature) J. E. Robinson, M.D.

Address

21. Filed 10-20, 1927 — REGISTRAR

†Post Office Address

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report, 19

REGISTRAR

MEMPHIS AND SHELBY COUNTY HEALTH DEPARTMENT :: 814 JEFFERSON AVENUE, MEMPHIS, TENNESSEE 38105

George S. Lovejoy, M.D., Registrar
Division of Vital Records

SEAL

This is a certified legal transcript of a copy of the original certificate which is on file with the Tennessee Department of Public Health in Nashville.

*** Legal fee $2.00 per copy ***

Date issued July 25, 1972

by Robert G. Bulkley, M.D.
Director of Vital Records

City of Memphis, Tennessee
Department of Health

This certifies that a Certificate of Birth for

Margaret Eloise Smithson

HAS BEEN SUBMITTED TO THIS DEPARTMENT. THE CERTIFICATE IS TO BE FORWARDED TO THE STATE DEPARTMENT OF HEALTH OF TENNESSEE AND FILED AS A PERMANENT LEGAL RECORD OF BIRTH.

FATHER'S NAME Jasper Green Smithson

MOTHER'S MAIDEN NAME Eloise Willson

DATE OF BIRTH Oct. 12, 1927 DATE SUBMITTED Oct. 20, 1927

DR. J. E. Robinson HOSPITAL

CERTIFICATE NUMBER 7691

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
OCT 21 2013

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER** 142-13-138643

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)	(Maiden)	2. DATE OF DEATH-ACTUAL OR PRESUMED (mm-dd-yyyy)
MARGARET ELOISE DEAN	SMITHSON	OCTOBER 12, 2013

3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR Mo	IF UNDER 1 YR Days	IF UNDER 1 DAY Hours	IF UNDER 1 DAY Min	6. BIRTHPLACE (City & State or Foreign Country)
FEMALE	OCTOBER 12, 1927	86					MEMPHIS, TN

7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH	9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
409-36-0843	☐ Married ☒ Widowed ☐ Divorced ☐ Never Married ☐ Unknown	

10a. RESIDENCE STREET ADDRESS	10b. APT. NO.	10c. CITY OR TOWN
4215 HILTON HEAD		SAN ANTONIO

10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?
BEXAR	TEXAS	78217	☒ Yes ☐ No

11. FATHER'S NAME	12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
JASPER GREEN SMITHSON	ELOISE WILLSON

13. PLACE OF DEATH (CHECK ONLY ONE)

IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☒ Other (Specify) CAROL ANN PERSONAL CARE H

14. COUNTY OF DEATH	15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)	16. FACILITY NAME (If not institution, give street address)
BEXAR	SAN ANTONIO, 78217	4215 HILTON HEAD

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED	18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)
VICTORIA D. WOOD - DAUGHTER	255 WILDROSE AVE., SAN ANTONIO, TX 78209

19. METHOD OF DISPOSITION	20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	21. ☒ Unknown
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)	JENNIFER LUCILLE MCGEE ,BY ELECTRONIC SIGNATURE - 111965	Section / Block / Lot / Space

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	23. LOCATION (City/Town, and State)
FORT SAM HOUSTON NATIONAL CEMETERY	SAN ANTONIO, TX

24. NAME OF FUNERAL FACILITY	25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)
PORTER LORING MORTUARY MCCULLOUGH	1101 MCCULLOUGH AVENUE, SAN ANTONIO, TX 78212

26. CERTIFIER (Check only one)

☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.

☐ Medical Examiner/Justice of the Peace - 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 stated.

27. SIGNATURE OF CERTIFIER	28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)
SHANKAR SANKA , BY ELECTRONIC SIGNATURE	OCTOBER 15, 2013	N7170	12:52 AM

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)	32. TITLE OF CERTIFIER
SHANKAR SANKA 7330 SAN PEDRO, STE. 540, SAN ANTONIO, TX 78216	MD

CAUSE OF DEATH

33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

		Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition ------> resulting in death)	a. END STAGE DEMENTIA	YEARS
	Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST	b.	
	Due to (or as a consequence of):	
	c.	
	Due to (or as a consequence of):	
	d.	

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.

NONE

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

36. MANNER OF DEATH	37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE:	39. IF TRANSPORTATION INJURY, SPECIFY:
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined	☐ Yes ☒ No ☐ Probably ☐ Unknown	☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
		☐ Yes ☐ No	

40e. LOCATION (Street and Number, City, State, Zip Code)	40f. COUNTY OF INJURY

41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR
0210731	OCTOBER 21, 2013	REGISTRAR - SAN ANTONIO CITY CLERK, ELECTRONICALLY FILED

EDR NUMBER 000001398713

JHE

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED OCT 21 2013

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

WARNING The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to $10,000. (Health and Safety Code, Sec. 195, 1989)

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

VS-112 REV 1/2006

QA033489905

THE STATE OF TEXAS

DEPARTMENT OF STATE HEALTH SERVICES STATE OF TEXAS VITAL STATISTICS

CERTIFICATE OF MARRIAGE

15037

DEPT. OF PUBLIC HEALTH — STATE OF TENNESSEE — BUREAU OF VITAL STATISTICS

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

1. LICENSE ISSUED: COUNTY Shelby — LICENSE NO. 1-3 page 112

GROOM		BRIDE	
2. FULL NAME (FIRST MIDDLE LAST)	William Edwin Dean	14. FULL NAME (FIRST MIDDLE LAST)	Margaret Eloise Smithson
3. RESIDENCE: CITY (IF OUTSIDE CITY LIMITS, WRITE RURAL)	374 Kent Rd- Cuyahoga Falls	RESIDENCE: CITY (IF OUTSIDE CITY LIMITS, WRITE RURAL)	1800 Pendleton, Mc's.
COUNTY	0034 Summitt	COUNTY	7991 Shelby
STATE	Ohio	STATE	Tenn.
4. DATE OF BIRTH (NO. DAY YEAR)	11-30 1919
5. AGE (LAST BIRTHDAY)	32
6. COLOR OR RACE	W
7. PLACE OF BIRTH	Akron, Ohio
8. SINGLE, WIDOWED, DIVORCED	
9. NO. OF PREVIOUS MARRIAGES	None
16. DATE OF BIRTH (NO. DAY YEAR)	10-12-1927
17. AGE (LAST BIRTHDAY)	24
18. COLOR OR RACE	W
19. PLACE OF BIRTH	Memphis, Tenn.
20. SINGLE, WIDOWED, DIVORCED	S
21. NO. OF PREVIOUS MARRIAGES	None
FATHER 10. FULL NAME	Addison Edgar Dean
FATHER 11. BIRTHPLACE	Clarion Co., Penna.
MOTHER 12. MAIDEN NAME	Nora B. McClellan
MOTHER 13. BIRTHPLACE	Penna.
FATHER 22. FULL NAME	Jasper Green
FATHER 23. BIRTHPLACE	Saltillo, Tenn.
MOTHER 24. MAIDEN NAME	Eloise Willson
MOTHER 25. BIRTHPLACE	La.

WE, THE GROOM AND BRIDE NAMED IN THIS CERTIFICATE, HEREBY CERTIFY THAT THE INFORMATION GIVEN HEREIN IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

SIGNATURES: 26. GROOM William E. Dean — 27. BRIDE Margaret E. Smith

28. MAILING ADDRESS: 581 Terrell Plc., Mfs. (STREET & NUMBER / CITY / STATE)

29. CERTIFICATE OF PERSON PERFORMING CEREMONY

I HEREBY CERTIFY THAT William E. Dean (GROOM) AND Margaret E. Smith (BRIDE) WERE JOINED IN MARRIAGE BY ME IN ACCORDANCE WITH THE LAWS OF THE STATE OF TENNESSEE IN Memphis (IF OUTSIDE CITY LIMITS, WRITE RURAL)

COUNTY OF Shelby TENN. THIS 27 DAY OF September 1952

WITNESS W W Dobbins — SIGNED A. D Summers

ADDRESS 374 Kent Road Akron Ohio — OFFICIAL POSITION Minister

FILED 9-30-52 OCT 2 1952 19 — ADDRESS Temple Baptist Ch Memphis

RECEIVED

H. Lincoln D.C. COUNTY COURT CLERK