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TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

VS-112, REV. 1/58

STATE OF TEXAS		CERTIFICATE OF DEATH	
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE a. STATE <u>TX</u> b. COUNTY <u>Dallas</u>	
b. CITY OR TOWN (if outside city limits, give precinct no.) <u>Dallas</u>		c. CITY OR TOWN (if outside city limits, give precinct no.) <u>Dallas</u>	
3. NAME OF DECEASED Type or print <u>John</u>		d. STREET ADDRESS (if not a hospital or institution) <u>1400 Maple</u>	
4. NAME OF HOSPITAL OR INSTITUTION <u>Maple</u>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
5. SEX <u>Male</u>		6. IS RESIDENCE OF A FOREIGN BIRTHPLACE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
6. COLOR OR RACE <u>White</u>		7. DATE OF BIRTH <u>11-27-1913</u>	
7. MARRIAGE STATUS Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF DEATH <u>11-27-1963</u>	
8. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		9. AGE (in years, months, days, hours, minutes) <u>49 years, 11 months, 1 day, 11 hours, 13 minutes</u>	
10. FATHER'S NAME		10. KIND OF BUSINESS OR INDUSTRY	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		11. BIRTHPLACE (State or foreign country)	
12. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		13. MOTHER'S MAIDEN NAME <u>Klein</u>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Stroke of Brain</u>		14. INFORMANT <u>Luc</u>	
CONDITIONS, if any, which gave rise to above cause (b) during the preceding cause (a):		15. WORK AUTHORITY PER FORM-COY YES <input type="checkbox"/> NO <input type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (if not related to the terminal disease condition given in Part I)		16. DATE RECEIVED BY LOCAL REGISTRAR <u>11-27-63</u>	
17. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		17. CITY, TOWN, OR LOCATION <u>Dallas</u>	
18. TIME OF INJURY Hour <u>11:00</u> Month <u>Nov</u> Day <u>27</u> Year <u>1963</u>		18. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>Home</u>	
19. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		19. CITY, TOWN, OR LOCATION <u>Dallas</u>	
20. I hereby certify that I attended the deceased from death until Signature <u>Luc</u> Death occurred at <u>11:00</u> on the date stated above, and to the best of my knowledge from the date stated above. 21. SIGNATURE <u>Luc</u> 21. DATE <u>11-27-63</u>		20. NAME OF FUNERAL DIRECTOR OR CREMATOR <u>Henry Wilkins</u>	
22. BURIAL, CREMATION, REMOVAL (Specify)		22. NAME OF FUNERAL DIRECTOR'S SIGNATURE <u>Henry Wilkins</u>	
23. LOCATION (City, town, or county)		23. FUNERAL DIRECTOR'S SIGNATURE	
24. REGISTRAR'S FILE NO.		24. REGISTRAR'S SIGNATURE	

Luc G. Sharp Wilkins 11-27-63
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