

101-02-02000

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

420.1 25

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO. 12421

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY Harris		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Brazoria	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) Houston		c. CITY (If outside corporate limits, write RURAL and give precinct no.) Juliff	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hermann Hospital		d. STREET ADDRESS (If rural, give location) Juliff, Texas	
3. NAME OF DECEASED (Type or Print) Thomas William Caldwell		4. DATE OF DEATH March 29, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 29, 1903
9. AGE YEARS MONTHS DAYS 50 3 0		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher		10b. KIND OF BUSINESS OR INDUSTRY Ranching	
11. BIRTHPLACE (State or foreign country) House, Texas		12. FATHER'S NAME Robert Milam Caldwell	
BIRTHPLACE Texas		13. MOTHER'S MAIDEN NAME Mrs. Sarah Munson	
BIRTHPLACE Texas		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
15. SOCIAL SECURITY NO. Unknown		16. INFORMANT'S SIGNATURE Mrs. Viola Wilson Caldwell	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY OCCLUSION DUE TO (c) CORONARY ARTEROSCLEROSIS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE (Specify)	
20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20f. HOW DID INJURY OCCUR?			
21. I hereby certify that I attended the deceased from <u>19</u> , to <u>3-29</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3-28</u> , 19 <u>54</u> , and that death occurred at <u>1:00 a.m.</u> , from the causes and on the date stated above.			
22a. SIGNATURE J. M. Raven, M.D.		22b. ADDRESS 1705 Montrose	
22c. DATE SIGNED 3-29-54		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE March 30, 1954		23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery	
23d. LOCATION (City, town, or county) (State) Houston Texas		24. FUNERAL DIRECTOR'S SIGNATURE Geo. H. Lewis & Sons (Geo. H. Lewis, Jr. #2654)	
25a. REGISTRAR'S FILE NO. 1538		25b. DATE REC'D BY LOCAL REGISTRAR MAR 29 1954	
25c. REGISTRAR'S SIGNATURE J. H. Alban			

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