

020-0-1-1-021-04

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

STATE FILE NO. 63408

1. PLACE OF DEATH a. COUNTY <u>Brazoria</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Brazoria</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Angleton Rural # 1</u> precinct no.)			c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <u>Angleton Rural Precinct # 1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway # 35</u>			d. STREET ADDRESS (If rural, give location) <u>Rural on Highway # 35</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>	b. (Middle) <u>Benjamin</u>	c. (Last) <u>Kennedy Jr.</u>	4. DATE OF DEATH <u>Nov. 8, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Oct. 11, 1930</u>	9. AGE YEARS MONTHS DAYS <u>19</u> <u>0</u> <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Beaumont, Texas.</u>	
12. FATHER'S NAME <u>William B. Kennedy Sr.</u>			BIRTHPLACE <u>Angleton, Texas.</u>		
13. MOTHER'S MAIDEN NAME <u>Eva Butler</u>			BIRTHPLACE <u>Texas.</u>		
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		15. SOCIAL SECURITY NO. <u>None</u>		15. INFORMANT'S SIGNATURE <u>Mrs. Cyril Yates</u>	
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) <u>Hydrocephalus</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchopneumonia</u> DUE TO (c) <u>Pyelonephritis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Other Congenital Malformations</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Birth</u>  <u>2 Hrs.</u>  <u>Chronic</u>
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, COUNTY) <u>TEXAS DEPARTMENT OF HEALTH (COUNTY)</u> <b>REC'D MAR 31 1950</b> BUREAU OF VITAL STATISTICS	
20d. TIME OF INJURY (Month) (Day) (Year)		20e. INJURY OCCURRED (Hour) (Min) 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>11-8</u> , <u>1949</u> , to <u>11-8</u> , <u>1949</u> , that I last saw the deceased alive on <u>11-8</u> , <u>1949</u> , and that death occurred at <u>6:40 pm.</u> , from the causes and on the date stated above.					
22a. SIGNATURE <u>M. Warner Horvath M.D.</u>			22b. ADDRESS <u>Angleton, Texas</u>		22c. DATE SIGNED <u>11-9-49</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/9/49</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Angleton Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Angleton,</u>		(State) <u>Texas</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>Angleton Funeral Home P. J. Woodruff # 2792</u>	
25a. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR <u>11/9/49</u>		25c. REGISTRAR'S SIGNATURE <u>Walter Copeland</u>	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE