

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

434.3 26

101-103-101-1-0

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

61206

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 Harris		
b. CITY (If outside corporate limits, write RURAL and give precinct no.) Houston		c. LENGTH OF STAY (In this place) 8 Years	c. CITY (If outside corporate limits, write RURAL and give precinct no.) Houston		
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Jefferson Davis Hospital			d. STREET ADDRESS (If rural, give location) 2939 Ferndale		
3. NAME OF DECEASED (Type or Print) a. (First) Sam b. (Middle) Lee c. (Last) Leal			4. DATE OF DEATH December 13, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 9, 1910	9. AGE YEARS 45	MONTHS 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Agent		10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (State or foreign country) Trent, Texas		
12. FATHER'S NAME Sam Lee Leal		BIRTHPLACE Unknown	13. MOTHER'S MAIDEN NAME Unknown		BIRTHPLACE Unknown
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 <i>Mrs. Jennie M. Leal</i> Mrs. Jennie M. Leal 2939 Ferndale Houston, Texas		
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) Natural Causes, Probably a Heart Attack ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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)		20f. HOW DID INJURY OCCUR?
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:10 Pm. , from the causes and on the date stated above.					
22a. SIGNATURE <i>J. M. P.</i> J. M. P. & Coroner		22b. ADDRESS Houston, Texas		22c. DATE SIGNED 12-14-55	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE December 15, 1955	23c. NAME OF CEMETERY OR CREMATORY Angleton Cemetery		
23d. LOCATION (City, town, or county) (State) Angleton, Texas		24. FUNERAL DIRECTOR'S SIGNATURE <i>Bob G. Lewis</i> Geo.H.Lewis & Sons (Bob G. Lewis #3721)			
25a. REGISTRAR'S FILE NO. 6282		25b. DATE REC'D BY LOCAL REGISTRAR DEC 20 1955		25c. REGISTRAR'S SIGNATURE <i>J. H. Alban</i>	

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REC'D JAN 3 1956
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