

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5840 46
STATE FILE NO. 36879

2
STATE OF TEXAS

1. PLACE OF DEATH a. COUNTY Bexar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Bexar	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) San Antonio		c. CITY (If outside corporate limits, write RURAL and give precinct no.) San Antonio	
d. FULL NAME OF HOSPITAL OR INSTITUTION Central Clinic		d. STREET ADDRESS (If rural, give location) 119 W. Courtland	
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle) BASCOM	
		c. (Last) MUNSON	
		4. DATE OF DEATH August 9, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 6, 1866
		9. AGE YEARS 83	MONTHS 6
		DAYS 3	% UNDER 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Rancher & Lawyer	
12. FATHER'S NAME Mordello Munson		13. MOTHER'S MAIDEN NAME Sarah (Unknown)	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		15. SOCIAL SECURITY NO.	
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.		16. INFORMANT'S SIGNATURE <i>H. L. Munson</i>	
		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Nephritis	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholecystitis Acute	
		DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18a. DATE OF OPERATION July 24, 1949		18b. MAJOR FINDINGS OF OPERATION A very acutely inflamed gall bladder, large gall stones	
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20c. (CITY, TOWN, OR COUNTY) TEXAS DEPARTMENT OF HEALTH (STATE) REC'D SEP 2 1949 BUREAU OF VITAL STATISTICS	
20a. ACCIDENT SUICIDE HOMICIDE		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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 July 22, 1949 , to Aug 9, 1949 , that I last saw the deceased alive on July 22, 1949 , and that death occurred at 5 A.M. , from the cause and on the date stated above.			
22a. SIGNATURE (Degree or title) Conn L. Melburn M.D.		22b. ADDRESS San Antonio, Texas	
		22c. DATE SIGNED 8-9-49	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Aug. 9, 1949	
		23c. NAME OF CEMETERY OR CREMATORY Angleton Funeral Home	
23d. LOCATION (City, town, or county) (State) Angleton, Texas		24. GENERAL DIRECTOR'S SIGNATURE <i>Forrest N. Wallace</i> of Porter Loring's	
25a. REGISTRAR'S FILE NO. 2643		25b. DATE REC'D BY LOCAL REGISTRAR AUG 9 - 1949	
		25c. REGISTRAR'S SIGNATURE <i>Stuart C. Fisher</i>	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

CMH