

1. PLACE OF DEATH
 a. COUNTY **Lamar**
 b. CITY OR TOWN (if outside city limits, give precinct no.) **Paris**
 c. LENGTH OF STAY in 1 h. _____
 d. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION **St. Joseph Hospital**
 e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES NO

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
 a. STATE **Texas** b. COUNTY **Lamar**
 c. CITY OR TOWN (if outside city limits, give precinct no.) **Paris**
 d. STREET ADDRESS (if rural, give location) **818 Graham Street**
 e. IS RESIDENCE INSIDE CITY LIMITS? YES NO
 f. IS RESIDENCE ON A FARM? YES NO

3. NAME OF DECEASED (Type or print) **MARY EDWARDS**
 (a) First **MARY** (b) Middle _____ (c) Last **EDWARDS**
 4. DATE OF DEATH **2-1-1967**
 5. SEX **female** 6. COLOR OR RACE **white**
 7. MARRIAGE STATUS: Married Never Married Widowed Divorced
 8. DATE OF BIRTH **10-10-1882**
 9. AGE (in years, last birthday) **84**
 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **domestic**
 11. BIRTHPLACE (State or foreign country) **Texas**
 12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **R. W. Proctor**
 14. MOTHER'S M maiden name **Dorothy Kates Harrington**
 15. WAS DECEASED EVER IN U.S. ARMY? (Decedent or unknown) YES NO (If yes, give year or dates of service) _____
 16. SOCIAL SECURITY NO. **no**
 17. INFORMANT **Helen Lee**

TEXAS DEPARTMENT OF HEALTH
 PART I. DEATH WAS CAUSED BY:
REC'D MAR 9 1967
 BUREAU OF VITAL STATISTICS

18. CAUSE OF DEATH (See instructions on page 1) (a), (b), and (c) **Bronchopneumonia**
 19. INTERVAL BETWEEN ONSET AND DEATH **5-6 days**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
Pyelonephritis with uremia
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of Item 18) _____
 21. TIME OF INJURY: Hour _____, Month _____, Day _____, Year _____
 22a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) _____
 22b. CITY, TOWN OR LOCATION _____ COUNTY _____ STATE _____

23. I hereby certify that I attended the deceased from **January 7** to **February 1** and last saw the deceased alive on **February 1** at **2:15 P.M.** on the date stated above, and to the best of my knowledge, from the cause stated.
 24. SIGNATURE **John D. Hillborn** (Degree or title) _____
 25. ADDRESS **Paris, Texas**
 26. DATE SIGNED **2-9-67**

27a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
 27b. DATE **2-3-67**
 27c. NAME OF CEMETERY OR CRIMATORY **Evergreen**
 27d. BURIAL DIRECTOR'S SIGNATURE **Gene Roden & Sons**
 28. LOCATION (City, town, or county) **Paris, Lamar Texas** (State) _____
 29. REGISTRAR'S FILE NO. **35**
 29b. DATE REC'D BY LOCAL REGISTRAR **February 10, 1967**
 29c. REGISTRAR'S SIGNATURE **Lawrence J. ...**

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-102 REV. 1-58