

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Dallas	
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		c. LENGTH OF STAY in l. b. 18 days	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Parkland Hospital		e. CITY OR TOWN (If outside city limits, give precinct no.) Mesquite	
f. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		g. STREET ADDRESS (If rural, give location) 1813 Sycamore	
3. NAME OF DECEASED (Type or print) (a) First Glenn (b) Middle Ray (c) Last Brown		4. DATE OF DEATH July 19, 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 24, 1933
9. AGE (In years last birthday) 27		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholsterer	
10b. KIND OF BUSINESS OR INDUSTRY Seat Cover Business		11. BIRTHPLACE (State or foreign country) Tyler, Texas	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Henry G. Brown	
14. MOTHER'S MAIDEN NAME Mittie Jones		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Gilbert Brown	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sepsisemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Staph aureus DUE TO (c) thermal burns			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Cleaning floor with gas fumes ignited	
20c. TIME OF INJURY Hour 8:40 p.m. Month 7 Day 2 Year 61		TEXAS DEPARTMENT OF HEALTH REC'D. AUG 10 1961 BUREAU OF VITAL STATISTICS	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) home	
20f. CITY, TOWN, OR LOCATION Mesquite		20g. COUNTY Dallas	
20h. STATE Texas		21. I hereby certify that I attended the deceased from 7-19 to 7-19 and last saw the deceased alive on 7-19 . Death occurred at 11:41 P m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE R. A. ...		22b. ADDRESS 3707 Zeston Ave Dallas	
22c. DATE SIGNED 19 Jul 61		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE 7/20/61		23c. NAME OF CEMETERY OR CREMATORY Bascon Cemetery	
23d. LOCATION (City, town, or county) Tyler Texas		24. FUNERAL DIRECTOR'S SIGNATURE Marrs-Mundy-Quill, Inc. Frank W. Wilson	
25a. REGISTRAR'S FILE NO. 3607		25b. DATE REC'D BY LOCAL REGISTRAR JUL 20 1961	
25c. REGISTRAR'S SIGNATURE J. W. Bass BY Maurine Lamm		ACTING REGISTRAR	

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NON-RESIDENT

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