a, COUNT	EATH T			ATE OF DEATH E	deceased lived. If Institution	residence before ed	mission)
	Dallas		1	•. STATE Tex		Ual.	Lác
	DR TOWN (If outside city limit	ts. give precinct no.]	C. LENGTH OF STAY		outside city limite, give precinc	t na.)	
	11as		18 d				
HOSPIT		50		d. STREET ADDRESS (IF			
	rarvra	nd Hospi	tal		Sycamore		
E .IS PLAC	CE OF DEATH INSIDE CITY			. IS RESIDENCE INSID	E CITY LIMITS?	f. 15 RESIDENCE	DN A FARMT
		YES BS	NO	YES	NO	YES	мо К
B 3. NAME OF	(a) Fint		(b) Middle	(c) Lait	4. DATE OF DEATH	and and a	
(Type or print)	Greim		Ray	Brown	July 1		
- 6	6. COLOR	the stand	Married 😰 Never Married [		9. AGE (In years last birthday)	IF UNDER 1 YEA	Hours Minutes
'al Mai			Widowed Divorced		933 27		
) a 10e. USUAL OC during most	CUFATION (Give kind of wor of working life, even if retired)	done 10b. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	should be a second a second of	12. CITIZEN OF	WHAT COUNTRY7
I Uphol	sterer	Seat (	Cover Busine	ess Tyler, T	BX48	US	A
E 13. FATHER'S N				14. MOTHER'S MAIDEN NAT		18	
P WAS DECK	Henry G. B:	rown		<u>Mittie</u>	Jones		
O Yes, no, or uninc	wn) (If yes, give war or de	ates of service)	SOCIAL SECURITY NO.	17. INFORMANT	· · · · · · · · · · · · · · · · · · ·		
No.			Unknown	Gl	lbert Brown	<u>n</u>	
PART	OF DEATH [Enter only one I. DEATH WAS CAUSED I	couse per line for (a), BY:	(b), and (c).]			1.	CHIERVAL SETWEEN
8		DIATE CAUSE ()	Septie	ma			
S Condi	tions, if eny,			<b>A</b>			
₽ which above stating	tions, if any, gave rise to cause [a], g the under- cause last,		Stopl thornal	anners			
A which above station lying o	gave rise to cause (a). g the under- cause last.	DUE TO. (c)	Stapl UTING TO DEATH BUT NOT	anners Lunna RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN	1 PART I(a) 11	R WAS AUTOPSY PER-
A which above station trained with the station	gave rise to cause [s], 3 the under- seuse last, II. OTHER SIGNIFICANT C	DUE TO (c)					7, WAS AUTOPSY PER- FORMED? YES NO
A which above station iying o PART	gave rise to cause [4], 3 the under- cause last, II. OTHER SIGNIFICANT C CIDENT SUICIDE	DUE TO.(c) ONDITIONS CONTRIE HOMICIDE 206	DESCRIBE HOW INJURY O	CCURRED. (Enter nature of injury in	Part I or Part II of Item 18.		
A which above stating lying d PART 20e. AC	gave rise to cause (a), the under- touse last, II. OTHER SIGNIFICANT C CIDENT SUICIDE	DUE TO (c)	DESCRIBE HOW INJURY O	CCURRED. (Enter nature of injury in	Part I or Part II of Item 18.		
A which above that im tying of PART	gave rise to cause [4], 3 the under- cause last, II. OTHER SIGNIFICANT C CIDENT SUICIDE CIDENT SUICIDE		DESCRIBE HOW INJURY O	CCURRED. (Enter nature of injury in or with gas fund TEXA:	Part I or Part II of Item 18) Se 1gm1 bod S-DEPARTMENT-OF	HEALTH	
A which above statim hying d PART 20e. AC 20e. AC 20e. AC 20e. AC	geve rise to cause [a], 3 the under- leuse last, II. OTHER SIGNIFICANT C CIDENT SUICIDE IF I UNDER DF Hour Month JazzX 7-2-61	DUE TO. (c) ONDITIONS CONTRIE HOMICIDE 206	DESCRIBE HOW INJURY O	ccurred. (Enter nature of injury in or with gas, fume TEXA REC	Part I or Part II of Item 18. <b>5 DEPARTMENT OF</b> CD. AUG 10 19	HEALTH 61	
A which above station to the store station of the store station of the store station of the state station of the state s	gave nits to cause [a], j the under- touse last, II. OTHER SIGNIFICANT C CIDENT SUICIDE IT II DF Hour Month SETOX 7-2-61 Y CCCURRED 20a. PL	DUE TO. (c) ONDITIONS CONTRIE HOMICIDE 206	DESCRIBE HOW INJURY C Cleaning flo	CCURRED. (Enter nature of injury in or with gas fund TEXA REC , 201. CITY, TOWN, OF BURG	Part I or Part II of Itam 18. <b>5 JEPARTMENT OF</b> CD. AUG 10 19 <del>81</del> OF VITALOUAT	HEALTH 61 XTISTICS	
A which above that in hydrag of the hydrag o	geve rise to cause [4], 3 the under- cause [a], 11. OTHER SIGNIFICANT C CIDENT SUICIDE CIDENT SUICIDE	DUE TO (c) ONDITIONS CONTRIE HOMICIDE 206	. DESCRIBE HOW INJURY C Cleaning flo	ccurred. (Enter nature of injury in or with gas, fume TEXA REC	Part I or Part II of Itam 18. <b>5 JEPARTMENT OF</b> CD. AUG 10 19 <del>81</del> OF VITALOUAT	HEALTH 61	
A which above interim thing of the term of term of the term of ter	gave nits to cause [a], j the under- touse last, II. OTHER SIGNIFICANT C CIDENT SUICIDE IT II DF Hour Month SETOX 7-2-61 Y CCCURRED 20a. PL	DUE TO . (c) ONDITIONS CONTRIE HOMICIDE 206 Day Year Day Year ACE OF INJURY(e.g. neet, office building, sto hotas	DESCRIBE HOW INJURY C Cleaning flo	CCURRED. (Enter nature of injury in or with gas fund TEXA REC 201. CITY, TOWN, OF COCKIN Mesquite	Part I or Part II of Itam 18. <b>5 JEPARTMENT-OF</b> CD. AUG 10 19 <del>81</del> OF VITALOUAT	HEALTH 61 HISTICS	Texas
A which above statim lying d PART 20e. AC 20e. AC	gave rise to cause [a], the under- leuse last, II. OTHER SIGNIFICANT C CIDENT SUICIDE IF COLUMNER P.T. 7-2-61 Y CCCURRED AT WORK IS cartify that I attended the de	DUE TO . (c) ONDITIONS CONTRIE HOMICIDE 206 Day Year Day Year ACE OF INJURY(e.g. neet, office building, sto hotas	DESCRIBE HOW INJURY C Cleaning flo in or about home, farm, factory 	CCURRED. (Enter nature of injury in or with gas fund TEXA: REC 201. CITY, TOWN, OF BURN Mesquite 11/2/ 10 7	Part I or Part II of Item 18. <b>5 DEPARTMENT-OF</b> CD. AUG 10 19 AUG OF VITALOUAR Dal	HEALTH 61 HISTICS 198 and la	STATE TOXAS
A which above stating bying d PART 20e. AC 20e. AC 20e. AC 20e. AC 20e. AC 3 2 4 20e. AC 3 2 4 20e. AC	gave rise to cause [a], the under- leuse last, II. OTHER SIGNIFICANT C CIDENT SUICIDE IF COLUMNER P.T. 7-2-61 Y CCCURRED AT WORK IS cartify that I attended the de	DUE TO. (c) ONDITIONS CONTRIE HOMICIDE 206 Day Year ACE OF INJURY(e.g. hotas hotas cassed from	DESCRIBE HOW INJURY C <u>Cleaning flo</u> In or about home, farm, factory ] <u>Cleaning flo</u> 	CCURRED. (Enter nature of injury in or with gas fund TEXA: REC 201. CITY, TOWN, OF BURN Mesquite 11.11 P. m. on the de 22b. ADDRESS	Part I or Part II of Item 18. <b>5 DEPARTMENT OF</b> CD. AUG 10 19 AUG OF VITALOUAT Da1 2 / 9	HEALTH 61 ATISTICS 19.5 and la best of my knowledge	YES NO
A show a shick above a shick above a shick above a shick a shick a shick at the shi	gave rise to cause [a], 3 the under- lause last, II. OTHER SIGNIFICANT C CIDENT SUICIDE IF III. DF Hour Month Jazex 7-2-61 Y CCCURRED 200, PL MOT WHILL AT WORK IS cartify that I attended the do TURE	DUE TO . (c) ONDITIONS CONTRIE HOMICIDE 206 Day Year ACE OF INJURY (e.g. neet, office building, sto h 0 TOB casesed from 19.0	DESCRIBE HOW INJURY C <u>Cleaning flo</u> In or about home, farm, factory   	CCURRED. (Enter nature of injury in or with gas fund TEXA: REC 201. CITY, TOWN, OF BURN Mesquite 11/2/ 10 7	Part I or Port II of Item 18. <b>5 1gr1 bod</b> S DEPARTMENT-OF C'D. AUG 10 19 AU OF VITALOURN Da1 - 19 ate stated above, and to the	HEALTH 61 ATISTICS 19.62 and la best of my knowledg	TES NO STATE
A CHART STATES S	gave rise to cause [a], the under- leuse lest, II. OTHER SIGNIFICANT C CIDENT SUICIDE IF III. DF Hour Month JATEX 7-2-61 Y CCCURRED 200. PL MOT WHILL AT WORK IN Cartify that I attended the de TURE REMATION, REMOVAL (Spec	DUE TO. (c) ONDITIONS CONTRIE HOMICIDE 206 Day Year ACE OF INJURY(e.g. ACE OF INJURY(e.g. hotas hotas cassed from	DESCRIBE HOW INJURY C <u>Cleaning flo</u> In or about home, farm, factory 	CCURRED. (Enter nature of injury in or with gas fund REC 201. CITY, TOWN, OF BUCK Mesquite 1226. ADDRESS 3707 J GO 232. NAME OF CEMETERY	Part I or Part II of Item 18. <b>5 DEPARTMENT OF</b> CD. AUG 10 19 CD. AUG 10 19 CD. VITALOUAT DE1 CD. ZZ Ite stated above, and to the DR. CREMATORY	HEALTH 61 ATISTICS 19.5 and la best of my knowledge	YES NO
A State of the second s	gave rise to cause [a], 3 the under- lause [ast, 11. OTHER SIGNIFICANT C CIDENT SUICIDE IT II OF Hour Month TORE T-2-61 Y CCCURRED 200. PL MOT WHILL AT WORK IS cartify that I attended the de TURE CEMOVAL //c	DUE TO . (c) ONDITIONS CONTRIE HOMICIDE 206 Day Year ACE OF INJURY(e.g. reet, affice building, sto hotas cassed from	DESCRIBE HOW INJURY C <u>Cleaning flo</u> in or about home, farm, factory       	CCURRED. (Enter nature of injury in or with gas fund REC 201. CITY, TOWN. OF BECAN Mesquite 121. ADDRESS 3707 20 23c. NAME OF CEMETERY Bascon	Part I or Part II of Item 18. <b>5 DEPARTMENT-OF</b> CD. AUG 10 19 CD. AUG 10 19 CD. VITALOUAR DE 10 COLONIA DE 10 COLONIA CO	HEALTH 61 ATISTICS 19.5 and la best of my knowledge	YES NO
A CHART AND A CHART A	gave rise to cause [a], the under- isouse [a], II. OTHER SIGNIFICANT C CIDENT SUICIDE CIDENT SUICIDE DF Hour Month SOTON 7-2-61 Y CCCURRED 200. PL MOT WHILL AT WORK IS Cartify that I attended the de TURE Cartify that I attended the de TURE CARDON, REMOVAL (Spece	DUE TO . (c) ONDITIONS CONTRIE HOMICIDE 206 Day Year ACE OF INJURY(e.g. reet, affice building, sto hotas cassed from	DESCRIBE HOW INJURY C <u>Cleaning flo</u> In or about home, farm, factory 	CCURRED. (Enter noture of injury in or with gas fund REC 201. CITY, TOWN, OF ECCAN Mesquite 16. 10. 7 22b. ADDRESS 3707 4 GO 23c. NAME OF CEMETERY Bascon 24. FUNERAL DIRECTOR'S S	Part I or Port II of Item 18. <b>S DEPARTMENT OF</b> CD. AUG 10 19 CD. AUG 10 19 CD. VITALOUR DE1 DE1 DE1 DE1 DE1 DE1 DE1 DE1	HEALTH 61 HISTICS 198 INC and la bast of my knowledge	YES NO
A which above tatim train the short of the s	gave rise to cause [a], it the under- leuse [ast, il. OTHER SIGNIFICANT C CIDENT SUICIDE IF III DF Hour Month IEIOX 7-2-61 Y CCCURRED 20e. PL MOT WHILL AT WORK IEI Cartify that I attended the de TURE III City, fown, or count City, fown, or count	DUE TO . (c) ONDITIONS CONTRIE HOMICIDE 206 Day Year ACE OF INJURY(e.g. reet, affice building, sto hotas cassed from	DESCRIBE HOW INJURY C <u>Cleaning flo</u> in or about home, farm, factory       	CCURRED. (Enter noture of injury in or with gas fund REC 201. CITY, TOWN, OF ECCAN Mesquite 16. 10. 7 22b. ADDRESS 3707 4 GO 23c. NAME OF CEMETERY Bascon 24. FUNERAL DIRECTOR'S S	Part I or Part II of Item 18. <b>5 DEPARTMENT-OF</b> CD. AUG 10 19 CD. AUG 10 19 CD. VITALOUAR DE 10 COLONIA DE 10 COLONIA CO	HEALTH 61 HISTICS 198 INC and la bast of my knowledge	YES NO
A which above the time of time	gave rise to cause [a], it the under- leuse [ast, il. OTHER SIGNIFICANT C CIDENT SUICIDE IF COLURED P.T. 7-2-61 Y CCCURRED 20a. PL MOT WHILL MOT WHILL AT WORK IS Cartify that I attended the de TURE Cartify that I attended the de Cartify the Cartify the C	DUE TO . (c) ONDITIONS CONTRIP HOMICIDE 206 Day Year ACE OF INJURY(e.g. neet, office building, sto hotas cased from	DESCRIBE HOW INJURY C <u>Cleaning flo</u> In or about home, farm, factory ] 7 - 2 <u>CC</u> Death occurred at (Degree or tille) <u>UL</u> D  7/ 20/61 [State] <u>EX</u> 25	CCURRED. (Enter nature of injury in or with gas function REC 201. CITY, TOWN, OF BURK Mesquite 121. 10 m. on the de 225. ADDRESS 3707 2 G 23c. NAME OF CEMETERY OF Bascon 24. FUNERAL DIRECTOR'S S Marr S-Mun 25c. REGISTRAR'S SEMATU	Part I or Part II of Item 18. <b>S DEPARTMENT OF</b> CD. AUG 10 19 CD. AUG 10 19 CD. VITALOUAR Da1 COM OF VITALOUAR Da1 COM CREMATORY Cometery IGNATURE dy-Quiill,	HEALTH 61 HISTICS 198 198 and la best of my knowledg DCDOS	YES NO

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