

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas		b. COUNTY Taylor	
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		c. LENGTH OF STAY in 1 b.		c. CITY OR TOWN (If outside city limits, give precinct no.) Abilene	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION DOA Presbyterian Hospital		d. STREET ADDRESS (If rural, give location) 541 Poplar			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Nell		(a) First Rook		(b) Middle Blakney	
4. DATE OF DEATH Aug. 21, 1978		5. SEX Female		6. COLOR OR RACE White	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Apr. 26, 1900		9. AGE (In years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Jackson, Tenn.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME W. T. Rook		14. MOTHER'S MAIDEN NAME Ina Jackson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -----		16. SOCIAL SECURITY NO. unavailable		17. INFORMANT <i>Mrs. Nell Evans</i> Mrs. Nell Evans, by R.A.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rheumatic and Arteriosclerotic Heart Disease with Congestive Heart Failure					INTERVAL BETWEEN ONSET AND DEATH Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic Lymphatic Leukemia					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.) TEXAS DEPARTMENT OF HEALTH					
20c. TIME OF INJURY REC'D OCT 12 1978					
20d. INJURY OCCURRED BUREAU OF VITAL STATISTICS					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I hereby certify that I attended the deceased from 2/21/78 to 8/21/78 and last saw the deceased alive on 8/15/78 . Death occurred at 9:55A m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. M. Henry, M.D.</i>		22b. ADDRESS Dallas, Texas		22c. DATE SIGNED 9/8/78	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Aug. 23, 1978		23c. NAME OF CEMETERY OR CREMATORY Elmwood Memorial Park	
23d. LOCATION (City, town, or county) Abilene		(State) Texas		24. FUNERAL DIRECTOR'S SIGNATURE <i>William A. Spurlack 4439</i> RESTLAND FUNERAL HOME	
25a. REGISTRAR'S FILE NO. 6767		25b. DATE REC'D BY LOCAL REGISTRAR SEP 12 1978		25c. REGISTRAR'S SIGNATURE <i>Johnnie P. Willis</i>	

BUREAU OF VITAL STATISTICS

TEXAS DEPARTMENT OF HEALTH

MEDICAL CERTIFICATION

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VS-112, REV. 1/56

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