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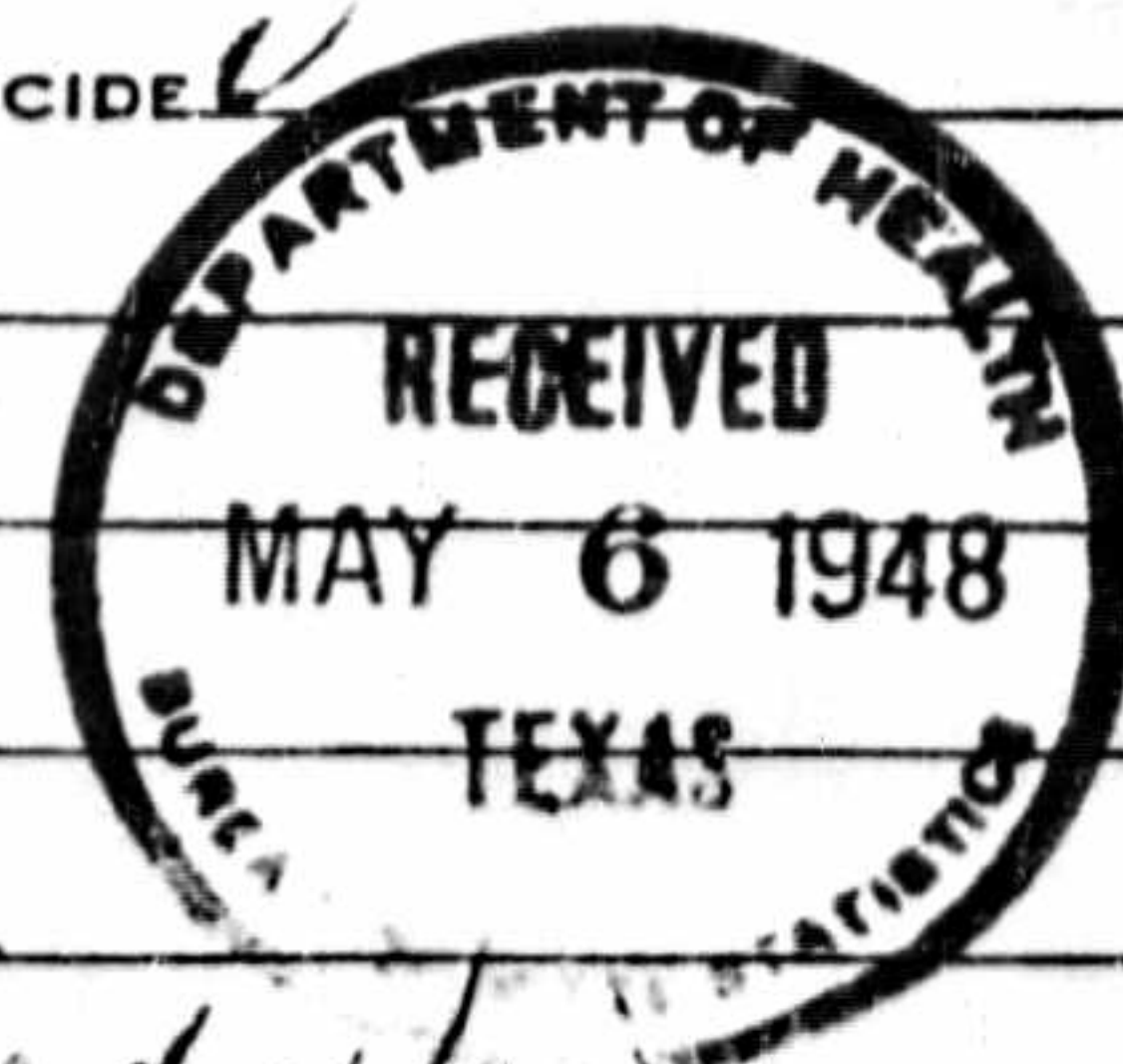
1. PLACE OF DEATH  
 STATE OF TEXAS  
 COUNTY OF Lamar  
 CITY OR PRECINCT NO. Cunningham  
 2. FULL NAME OF DECEASED William Wesley Norwood  
 GIVE STREET AND NUMBER OR NAME OF INSTITUTION  
 LENGTH OF RESIDENCE WHERE DEATH OCCURRED 46 YEARS MONTHS DAYS (SOCIAL SECURITY NO. \_\_\_\_\_)  
 RESIDENCE OF THE DECEASED | STREET AND NO. Cunningham Tr 4 COUNTY Lamar STATE Texas

TEXAS DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 STANDARD CERTIFICATE OF DEATH

17877

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL PARTICULARS	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	17. DATE OF DEATH <u>April 25<sup>th</sup></u> 194 <u>8</u>		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 194____, TO _____, 194____	
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>married</u>		6. DATE OF BIRTH <u>Feb 20 - 1877</u>		I LAST SAW H_____ ALIVE ON _____, 194____	
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY	71   2   5		THE DEATH OCCURRED ON THE DATE STATED ABOVE AT <u>5:45 A.M.</u>		DURATION
8A. TRADE, PROFESSION OR KIND OF WORK DONE	<u>Farmer</u>		THE PRIMARY CAUSE OF DEATH WAS:		
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED			<u>Cerebral Hemorrhage</u>		
9. BIRTHPLACE (STATE OR COUNTRY)	<u>Ark</u>		CONTRIBUTORY CAUSES WERE <u>Cardiovascular</u>		
FATHER 10. NAME	<u>Wesley &amp; Norwood</u>		<u>Renal dysfunction</u>		
FATHER 11. BIRTHPLACE (STATE OR COUNTRY)	<u>Ark</u>				
MOTHER 12. MAIDEN NAME	<u>Mattie Wells</u>		IF NOT DUE TO DISEASE, SPECIFY WHETHER: ACCIDENT, SUICIDE, OR HOMICIDE <u>✓</u>		
MOTHER 13. BIRTHPLACE (STATE OR COUNTRY)	<u>Ark</u>		DATE OF OCCURRENCE <u>✓</u>		
Informant 14. SIGNATURE	<u>Mrs John Mont gomery</u>		PLACE OF OCCURRENCE <u>✓</u>		
Informant ADDRESS	<u>Box 496 Tex</u>		MANNER OR MEANS <u>✓</u>		
Disposition 15. PLACE OF BURIAL OR REMOVAL	<u>Hightland TEXAS</u>		IF RELATED TO OCCU. PATION OF DECEASED, SPECIFY <u>✓</u>		
Disposition DATE	<u>April 26 1948</u>		SIGNATURE <u>A. S. Eddin</u>		
Undertaker 16. SIGNATURE	<u>J. M. Brown</u>		ADDRESS <u>Report TEXAS</u>		
Undertaker ADDRESS	<u>Report TEXAS</u>				



20. FILE NUMBER 15 FILE DATE 4-27 1948 SIGNATURE OF LOCAL REGISTRAR Mrs J. M. Brown POSTOFFICE ADDRESS Report TEXAS