

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		340 Wing Lawrence 1118-49285	
STATE OF TEXAS		COUNTY OF <u>Tom Green</u>		CITY OR PRECINCT NO. <u>San Angelo</u>	
2. FULL NAME OF DECEASED <u>Mrs T. M. Glaze (Glaze)</u>		GIVE STREET AND NUMBER OR NAME OF INSTITUTION <u>Shannon Memorial Hospital</u>			
LENGTH OF RESIDENCE WHERE DEATH OCCURRED _____ YEARS _____ MONTHS <u>10</u> DAYS		(SOCIAL SECURITY NO. _____)			
RESIDENCE OF THE DECEASED STREET AND NO. _____		CITY <u>Miles</u>		COUNTY <u>Comanche</u>	STATE <u>Texas</u>
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS		
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	17. DATE OF DEATH <u>10/9</u> 194 <u>4</u>			
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>Married</u>		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>10/11</u> 194 <u>4</u> TO <u>10/9</u> 194 <u>4</u>			
6. DATE OF BIRTH <u>Dec. 18th 1859</u>		I LAST SAW HIM ALIVE ON <u>10/9</u> 194 <u>4</u>			
7. AGE YEARS <u>84</u> MONTHS <u>9</u> DAYS <u>21</u> IF LESS THAN 1 DAY _____ HOURS _____ MIN		THE DEATH OCCURRED ON THE DATE STATED ABOVE AT <u>10:12</u> M.			
8A. TRADE, PROFESSION OR KIND OF WORK DONE <u>House work</u>		THE PRIMARY CAUSE OF DEATH WAS:		DURATION	
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED _____		<u>Intertrochanteric Fracture</u>		<u>10 days</u>	
9. BIRTHPLACE (STATE OR COUNTRY) <u>Bass Co. Texas</u>		CONTRIBUTORY CAUSES WERE <u>Arteriosclerosis</u>		<u>10 days</u>	
10. NAME <u>John Henry Norwood</u>		<u>Heart Disease with</u>			
11. BIRTHPLACE (STATE OR COUNTRY) <u>Tenn.</u>		<u>acute Decompensation</u>			
12. MAIDEN NAME <u>Mary Frances Jarvis</u>		IF NOT DUE TO DISEASE, SPECIFY WHETHER: <u>Accident</u>			
13. BIRTHPLACE (STATE OR COUNTRY) <u>Tenn.</u>		ACCIDENT, SUICIDE, OR HOMICIDE			
14. SIGNATURE <u>R. Glaze (Glaze)</u>		DATE OF OCCURRENCE <u>9/30/44</u>			
ADDRESS <u>130 Tremont Ave. Newark, MO</u> TEXAS		PLACE OF OCCURRENCE <u>Home Miles, Tex.</u>			
15. PLACE OF BURIAL OR REMOVAL <u>Miles</u> TEXAS		MANNER OR MEANS <u>Fell in woods</u> 1944			
DATE <u>10-10-44</u> 194 <u>4</u>		IF RELATED TO OCCUPATION OF DECEASED, SPECIFY _____			
16. SIGNATURE <u>L. E. Lacy</u>		SIGNATURE <u>Shannon M. Lacy</u> M.D.			
ADDRESS <u>Miles</u> TEXAS		ADDRESS <u>San Angelo</u> TEXAS			
20. FILE NUMBER _____		FILE DATE <u>10-21-</u> 194 <u>4</u>		SIGNATURE OF LOCAL REGISTRAR <u>Hugh Jackson</u> POSTOFFICE ADDRESS <u>San Angelo</u> TEXAS	