075-002-241-0-0

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF TEXAS — CERTIFICATE OF DEATH

3310 22

STATE FILE NO. 33474

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH
a. COUNTY: Fayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give precinct no.): Schulenburg
c. LENGTH OF STAY (in this place): 1 m
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Colonial Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Wharton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give precinct no.): Magnet
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH
	Samuel	Columbus	Norwood	7/23/55

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE YEARS	MONTHS	DAYS	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	5/29/1872	83	1	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
Farmer	Retired	Hughes Springs, Texas

12. FATHER'S NAME	BIRTHPLACE	13. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Norwood	Tenn.	Mary Frances Farris	Texas

14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	15. SOCIAL SECURITY NO.	16. INFORMANT'S SIGNATURE
No		None	E. J. Norwood

MEDICAL CERTIFICATION

17. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage - apoplexy -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis - with

DUE TO (c) Nephritis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

TEXAS DEPARTMENT OF HEALTH REC'D AUG 9 1955 BUREAU OF VITAL STATISTICS

18a. DATE OF OPERATION	18b. MAJOR FINDINGS OF OPERATION	19. AUTOPSY? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE (Specify)	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)

20d. TIME OF INJURY (Month) (Day) (Year) (Hour)	20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20f. HOW DID INJURY OCCUR?
m.		

21. I hereby certify that I attended the deceased from May 5, 1955, to July 23, 1955, that I last saw the deceased alive on July 23, 1955, and that death occurred at 12:50 a m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
Leo J. Peters. M.D.	Schulenburg, Texas	July 31-55

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
Burial	7/25/55	Evergreen Memorial Park

23d. LOCATION (City, town, or county) (State)	24. FUNERAL DIRECTOR'S SIGNATURE
Wharton, Texas	Schwenke-Baumgarten F. Home Robert Kellus #2209 #2227

25a. REGISTRAR'S FILE NO.	25b. DATE REC'D BY LOCAL REGISTRAR	25c. REGISTRAR'S SIGNATURE
31	July 31, 1955	Fanny R. Clark