STATE OF TEXAS 101-00-2 10101 CERTIFICATE OF DEATH 4339 38 STATE FILE NO. 46378

1. PLACE OF DEATH
a. COUNTY: Harris
b. CITY OR TOWN (If outside city limits, give precinct no.): Webster
c. LENGTH OF STAY in 1 b.:
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION: Clear Lake Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Texas
b. COUNTY: Harris
c. CITY OR TOWN (If outside city limits, give precinct no.): Houston
d. STREET ADDRESS (If rural, give location): 731 Bonanza
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (Type or print): (a) First: Howard (b) Middle: H. (c) Last: Norwood
4. DATE OF DEATH: June 5, 1973
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: Oct. 1, 1885
9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: Minutes:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Compress Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Cotten Mill Co.
11. BIRTHPLACE (State or foreign country): Hughes Springs, Texas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Not Available
14. MOTHER'S MAIDEN NAME: Not Available
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.: 456-09-1135
17. INFORMANT: Jack Norwood (By Telephone)

TEXAS DEPARTMENT OF HEALTH
REC'D JUN 22 1973
BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral artery thrombosis — 1 hour
DUE TO (c) Cerebral arteriosclerosis — Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month Day Year
20d. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I hereby certify that I attended the deceased from 5/17/ 19 73 to 6/5/ 19 73 and last saw the deceased alive on 6/5/ 19 73. Death occurred at 11:15 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Glen E. Smith MD
22b. ADDRESS: 400 Medical Center Blvd. Webster Texas 77598
22c. DATE SIGNED: 6/7/73

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal/Burial
23b. DATE: June 5, 1973
23c. NAME OF CEMETERY OR CREMATORY: Hughes Springs Cemetery
23d. LOCATION (City, town, or county) (State): Hughes Springs Texas
24. FUNERAL DIRECTOR'S SIGNATURE: Milan J. Fields
Niday Funeral Homes, Inc. #6378
25a. REGISTRAR'S FILE NO.: 06012
25b. DATE REC'D BY LOCAL REGISTRAR: JUNE 12, 1973
25c. REGISTRAR'S SIGNATURE: [illegible]

VS-112, REV. 1/58

3/7/2