034-0-0-1 102-0-0

STATE OF TEXAS

CERTIFICATE OF DEATH

4201 25 STATE FILE NO. 42821

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside city limits, give precinct no.): Hughes Springs
c. LENGTH OF STAY in I b.: 1 month
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Home of Fred Norwood
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☒

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

3. NAME OF DECEASED (Type or print): (a) First CHARLES (b) Middle DAVID (c) Last NORWOOD

4. DATE OF DEATH: Aug. 2, 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: April 12, 1890

9. AGE (In years last birthday): 69

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): Agent-Operator

10b. KIND OF BUSINESS OR INDUSTRY: K.C.S. Railroad

11. BIRTHPLACE (State or foreign country): Hughes Springs, Tex.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John H. Norwood

14. MOTHER'S MAIDEN NAME: Jennie Gipson

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.: 703-12-5923

17. INFORMANT: Mrs Fred Norwood

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): Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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 ☒

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

TEXAS DEPARTMENT OF HEALTH
REC'D AUG 10 1959
BUREAU OF VITAL STATISTICS

21. I hereby certify that I attended the deceased from 2 Aug 1959 to 2 Aug 1959 and last saw the deceased alive on 2 Aug 1959. Death occurred at 8 P. m. on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.

22b. ADDRESS: Hughes Springs, Tex

22c. DATE SIGNED: 5 Aug 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: August 3, 1959

23c. NAME OF CEMETERY OR CREMATORY: Hughes Springs Cemetery

23d. LOCATION (City, town, or county): Hughes Springs (State): Texas

24. FUNERAL DIRECTOR'S SIGNATURE: Reeder Watson Davis Funeral Home (Chas. R. Davis) FD#3880

25a. REGISTRAR'S FILE NO.

25b. DATE REC'D BY LOCAL REGISTRAR: 8 August 1959

25c. REGISTRAR'S SIGNATURE: Raymond McDaniel, J. P.

VS-112, REV. 1/58