

22.00

STATE OF TEXAS 220-01-2 22001 CERTIFICATE OF DEATH 1538.14 STATE FILE NO. 56235

1. PLACE OF DEATH a. COUNTY <b>Tarrant</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Texas</b>		b. COUNTY <b>Tarrant</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Fort Worth</b>		c. LENGTH OF STAY in 1 b. <b>53 years</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Fort Worth</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>All Saints Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>4717 Washburn</b>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? <b>YES <input checked="" type="checkbox"/></b>			e. IS RESIDENCE INSIDE CITY LIMITS? <b>YES <input checked="" type="checkbox"/></b>		f. IS RESIDENCE ON A FARM? <b>NO <input checked="" type="checkbox"/></b>

3. NAME OF DECEASED (Type or print) <b>Lucile R. Humphrey</b>		4. DATE OF DEATH <b>July 14, 1973</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>December 21, 1896</b>
9. AGE (In years last birthday) <b>76</b>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>seamstress</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Furniture</b>	
11. BIRTHPLACE (State or foreign country) <b>Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13. FATHER'S NAME <b>G. N. Reynolds, Sr.</b>		14. MOTHER'S MAIDEN NAME <b>Martha Ann McBride</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>461-09-6415</b>	
17. INFORMANT <b>Miss D. Paul Reynolds by James L. Davison</b>		18. INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE <b>8 1/2</b>	

19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) <b>Concussion of Colon</b>	
IMMEDIATE CAUSE (a)	
DUE TO (b)	
DUE TO (c)	

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? <b>NO <input checked="" type="checkbox"/></b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18)	
20c. TIME OF INJURY Hour Month Day Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	20f. CITY, TOWN, OR LOCATION <b>Fort Worth</b>	COUNTY <b>Tarrant</b>	STATE <b>Texas</b>
21. I hereby certify that I attended the deceased from <b>May 1, 1973</b> to <b>7-14, 1973</b> and last saw the deceased alive on <b>7-14, 1973</b> . Death occurred at <b>3:05 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>E. Davison</i>		22b. ADDRESS <b>1550 W. Rondoia Ft. Worth, TX 7/18/73</b>		

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 16, 1973</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Memorial Park</b>
23d. LOCATION (City, town, or county) <b>Fort Worth Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <i>James L. Davison #6637</i>
25a. REGISTRAR'S FILE NO. <b>2455</b>	25b. DATE REC'D BY LOCAL REGISTRAR <b>JUL 20 1973</b>	25c. REGISTRAR'S SIGNATURE <i>Arch B. Bradlock</i>

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

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