

TEXAS DEPARTMENT OF HEALTH 3340 22				BUREAU OF VITAL STATISTICS		STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NO. 63182	
1. PLACE OF DEATH a. COUNTY <u>Wiltarger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Quebec</u> b. COUNTY <u>Wiltarger</u>							
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <u>Vernon</u>				c. LENGTH OF STAY (in this place) <u>42</u>				c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <u>Harold</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>P.C. Ramwater</u>		b. (Middle)		c. (Last)		4. DATE OF DEATH <u>Dec 19, 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		<u>Married</u>		8. DATE OF BIRTH <u>9-12-1859</u>		9. AGE YEARS <u>90</u> MONTHS <u>3</u> DAYS <u>7</u> IF UNDER 24 mos. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Dalton La</u>			
12. FATHER'S NAME <u>Sheldon Ramwater</u>				BIRTHPLACE <u>La</u>				13. MOTHER'S MAIDEN NAME <u>Emma Tarter</u>			
BIRTHPLACE <u>La</u>				14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				15. SOCIAL SECURITY NO. <u>1-1-1-1-1-1-1-1-1-1</u>			
16. INFORMANT'S SIGNATURE <u>Mrs P.C. Ramwater</u>				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, asphyxia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Hemorrhage - Right Left Hemiplegia</u>				?							
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>											
DUE TO (c) <u>chronic congestive heart failure, chronic degeneration, myocardial hypertrophy</u>											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
18a. DATE OF OPERATION				18b. MAJOR FINDINGS OF OPERATION				19. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> 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) TEXAS DEPARTMENT OF HEALTH REC'D JAN 26 1950 BUREAU OF VITAL STATISTICS			
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)				20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20f. HOW DID INJURY OCCUR?			
21. I hereby certify that I attended the deceased from <u>12-1</u> , 1944, to <u>12-19</u> , 1949, that I last saw the deceased alive on <u>12-19</u> , 1949, and that death occurred at _____ m., from the causes and on the date stated above.											
22a. SIGNATURE (Degree or title) <u>Emory D. Haller, MD</u>				22b. ADDRESS <u>214-16 Perry Blvd, Vernon, Texas</u>				22c. DATE SIGNED <u>1-5-50</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Interment</u>				23b. DATE				23c. NAME OF CEMETERY OR CREMATORY <u>Vernon</u>			
23d. LOCATION (City, town, or county) (State) <u>Vernon</u>				24. FUNERAL DIRECTOR'S SIGNATURE <u>M.H. Henderson</u>							
25a. REGISTRAR'S FILE NO.				25b. DATE REC'D BY LOCAL REGISTRAR <u>JAN 19 1950</u>				25c. REGISTRAR'S SIGNATURE <u>Shirley</u>			

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