

152-1-4-2-1952-01

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 126
DECEASED'S AGE 76

STATE OF TEXAS

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Lubbock		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Texas b. COUNTY Lubbock	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Lubbock)		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Lubbock	
c. LENGTH OF STAY (in this place) 20 year		d. STREET ADDRESS (If rural, give location) Rt. # 6	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION West Texas Hospital			

3. NAME OF DECEASED a. (First) John b. (Middle) Richard c. (Last) McIlhaney		4. DATE OF DEATH Sept. 25, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH July 5, 1873
9. AGE YEARS MONTHS DAYS 76 2 20		10. HOURS MIN. 11:00	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (State or foreign country) Texas		12. FATHER'S NAME William McIlhaney	
13. MOTHER'S MAIDEN NAME Mollie Carter		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
15. SOCIAL SECURITY NO. 341-100-1111		16. INFORMANT'S SIGNATURE <i>John McIlhaney</i>	

17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) acute hepatitis - cholelithiasis		INTERVAL BETWEEN ONSET AND DEATH 2 week	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES (b)	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
11. OTHER SIGNIFICANT CONDITIONS		DUE TO (c)	
Conditions contributing to the death but not related to the disease or condition causing death.			

18a. DATE OF OPERATION 9-24-49		18b. MAJOR FINDINGS OF OPERATION Bile (Megalot) & drained		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. HOW DID INJURY OCCUR RECEIVED OCT 17 1949	

21. I hereby certify that I attended the deceased from 9-24, 1949 to 9-25, 1949 , that I last saw the deceased alive on 9-25, 1949 , and that death occurred at 6 P.M. , from the causes and on the date stated above.					
22a. SIGNATURE (Sam G. Dunn, M.D.) (Degree or title)			22b. ADDRESS Lubbock Texas		22c. DATE SIGNED 9-30-49

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 27, 1949		23c. NAME OF CEMETERY OR CREMATORY Tech Memorial Park	
23d. LOCATION (City, town, or county) (State) Lubbock		24. FUNERAL DIRECTOR'S SIGNATURE Lubbock, Texas			
25a. REGISTRAR'S FILE NO. 90		25b. DATE REC'D BY LOCAL REGISTRAR Oct 3, 1949		25c. REGISTRAR'S SIGNATURE Severald E. Jarvis	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE