

115-1-2-1 116-1-2

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS 1949 17 38843
CERTIFICATE OF DEATH

STATE OF TEXAS

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Hockley			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Hockley		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Levelland)		c. LENGTH OF STAY (If this place) 15 years	c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Levelland		
d. FULL NAME OF HOSPITAL OR INSTITUTION Northwest Levelland			d. STREET ADDRESS (If rural, give location) Northwest Levelland		
3. NAME OF DECEASED (Type or Print) Fulton		a. (First)	b. (Middle) Miller	c. (Last) Goodrich	4. DATE OF DEATH August 9, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 15, 1871	9. AGE YEARS 77	MONTHS 9
DAYS 25	IF UNDER 24 HRS. Hours 	Min. 	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (State or foreign country) Arkansas
12. FATHER'S NAME John R. Goodrich			BIRTHPLACE Tenn.	13. MOTHER'S MAIDEN NAME Sarah Richardson	BIRTHPLACE Missouri
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service)	15. SOCIAL SECURITY NO.	16. INFORMANT'S SIGNATURE James H. Goodrich	
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 3 Months
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) None			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Malnutrition		3 Months
18a. DATE OF OPERATION None		18b. MAJOR FINDINGS OF OPERATION None			
20a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) (m.)	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 June 1 , 1949, to 9 August , 1949, that I last saw the deceased alive on 9 Aug. , 1949, and that death occurred at 3:30 P. m. , from the causes and on the date stated above.					
22a. SIGNATURE R. A. Reid, M.D. (Degree or title)			22b. ADDRESS Levelland, Texas		22c. DATE SIGNED Aug. 11, 1949
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 10, 1949	23c. NAME OF CEMETERY OR CREMATORY Levelland		
23d. LOCATION (City, town, or county) (State) Levelland Texas		24. FUNERAL DIRECTOR'S SIGNATURE George C. Price			
25a. REGISTRAR'S FILE NO. 39		25b. DATE REC'D BY LOCAL REGISTRAR Aug 15 - 1949		25c. REGISTRAR'S SIGNATURE A. F. Odell	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE