

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 OR TOWN (If outside city limits, give precinct no.) Lubbock		c. LENGTH OF STAY in 1. b. 54 Years		c. CITY OR TOWN (If outside city limits, give precinct no.) Lubbock	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Ray's Hospitality House		d. STREET ADDRESS (If rural, give location) 2006 17th Street			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) OLLIE (a) First		DELILAH (b) Middle		BOUSMAN (c) Last	
5. SEX Female		6. COLOR OR RACE White		7. MARRIAGE STATUS Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH Mar. 19, 1877		9. AGE (In years last birthday) 89		10. IF UNDER 1 YEAR Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Texas	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Unknown Umberson		14. MOTHER'S MAIDEN NAME Mary Singleton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT Mrs. Gordon Deering	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) IMMEDIATE CAUSE (a) Arteriosclerotic heart disease with heart failure. DUE TO (b) Generalized arteriosclerosis. DUE TO (c) ---					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) None					
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 a.m. p.m.		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 Lubbock, Texas		20g. COUNTY Lubbock	
20h. STATE Texas		21. I hereby certify that I attended the deceased from 2 November 1954 to 12 July 1966 and last saw the deceased alive on 7-12-1966. Death occurred at 7:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. C. Douglas, M.D.		22b. ADDRESS 1318 Main Street, Lubbock, Texas		22c. DATE SIGNED 15 July '66	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 14, 1966		23c. NAME OF CEMETERY OR CREMATORY Resthaven Memorial Park	
23d. LOCATION (City, town, or county) Lubbock, Texas		24. FUNERAL DIRECTOR'S SIGNATURE Sanders Funeral Home: <i>Harbor Sanders</i>			
25a. REGISTRAR'S FILE NO. 612		25b. DATE REC'D BY LOCAL REGISTRAR JUL 19 1966		25c. REGISTRAR'S SIGNATURE <i>Lorenna L. Love - Bay's Valued Deputy</i>	