

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

158-1-0-1-158-1-0

TEXAS DEPARTMENT OF HEALTH ⁴³⁴²
BUREAU OF VITAL STATISTICS

26 36 100

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO. **49273**

| | | | | | | | | | |
|---|--|---|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Matagorda</u> b. CITY (If outside corporate limits, write RURAL and give precinct no.) <u>Bay City</u> c. LENGTH OF STAY (in this place) <u>1</u> <u>39 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Resident</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Matagorda</u> c. CITY (If outside corporate limits, write RURAL and give precinct no.) <u>Bay City</u> d. STREET ADDRESS (If rural, give location) <u>2316 7th St Bay City</u> | | | | | |
| 3. NAME OF DECEASED a. (First) <u>ROLAND</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Slater</u> | | | | 4. DATE OF DEATH <u>Oct 23rd 1950</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>Aug 11th 1878</u> | | 9. AGE YEARS <u>72</u> MONTHS <u>2</u> DAYS <u>12</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinest</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | | 11. BIRTHPLACE (State or foreign country) <u>Texas</u> | |
| 12. FATHER'S NAME <u>Tom Slater</u> BIRTHPLACE <u>no record</u> | | | | 13. MOTHER'S MAIDEN NAME <u>Little Boatright</u> BIRTHPLACE <u>Texas</u> | | | | | |
| 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | | | | 15. SOCIAL SECURITY NO. | | 16. INFORMANT'S SIGNATURE <u>Mrs. R. E. Slater</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Left Ventricular Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Emphysema</u> DUE TO (c) <u>Arteriosclerosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10-14 yr</u> <u>15-20 yr</u> | |
| 18a. DATE OF OPERATION | | | | 18b. MAJOR FINDINGS OF OPERATION | | | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> TEXAS DEPARTMENT OF HEALTH REC'D NOV 13 1950 BUREAU OF VITAL STATISTICS (COUNTY) (STATE) </div> | |
| 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.) | | 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"/> | |
| 21. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>43</u> , to <u>Oct 23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 23</u> , 19 <u>50</u> , and that death occurred at <u> </u> m., from the causes and on the date stated above. | | | | 22a. SIGNATURE (Degree or title) <u>Charles J. Shultz</u> | | | | 22b. ADDRESS <u>Bay City Texas</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | | | 23b. DATE <u>Oct 28th 1950</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Cedarvale Cemetery</u> | | | |
| 23d. LOCATION (City, town, or county) <u>Bay City Texas</u> | | | | 24. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Hedrick #1 677</u> | | | | | |
| 25a. REGISTRAR'S FILE NO. <u>115</u> | | 25b. DATE REC'D BY LOCAL REGISTRAR <u>Oct-25-1950</u> | | 25c. REGISTRAR'S SIGNATURE <u>M. Cox</u> | | | | | |

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

K517576

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED **APR 11 2006**


 GERALDINE R. HARRIS
 STATE REGISTRAR

