

# 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 <sup>4342</sup>  
BUREAU OF VITAL STATISTICS

26 36 100

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO. **49273**


<b>1. PLACE OF DEATH</b> 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>				<b>2. USUAL RESIDENCE</b> (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>					
<b>3. NAME OF DECEASED</b> a. (First) <u>ROLAND</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Slater</u>				<b>4. DATE OF DEATH</b> <u>Oct 23rd 1950</u>					
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>Aug 11th 1878</u>		<b>9. AGE</b> YEARS <u>72</u> MONTHS <u>2</u> DAYS <u>12</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Machinest</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b>				<b>11. BIRTHPLACE</b> (State or foreign country) <u>Texas</u>	
<b>12. FATHER'S NAME</b> <u>Tom Slater</u>				<b>BIRTHPLACE</b> <u>no record</u>		<b>13. MOTHER'S MAIDEN NAME</b> <u>Little Boatright</u>			
<b>14. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				<b>15. SOCIAL SECURITY NO.</b>		<b>16. INFORMANT'S SIGNATURE</b> <u>Mrs. R. E. Slater</u>			
<b>17. CAUSE OF DEATH</b> 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.				<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (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>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>10-14 yr</u> <u>15-20 yr</u>	
<b>18a. DATE OF OPERATION</b>				<b>18b. MAJOR FINDINGS OF OPERATION</b>				<div style="border: 1px solid black; padding: 5px; text-align: center;">                         TEXAS DEPARTMENT OF HEALTH  <b>REC'D NOV 13 1950</b>                          BUREAU OF VITAL STATISTICS                          (COUNTY) (STATE)                     </div>	
<b>20a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>20b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20c. (CITY, TOWN, OR PRECINCT NO.)</b>		<b>19. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>20d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>20e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>20f. HOW DID INJURY OCCUR?</b>					
<b>21. I hereby certify that I attended the deceased from</b> <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.									
<b>22a. SIGNATURE</b> (Degree or title) <u>Charles J. Shultz</u>				<b>22b. ADDRESS</b> <u>Bay City Texas</u>				<b>22c. DATE SIGNED</b> <u>10/24/50</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>				<b>23b. DATE</b> <u>Oct 28th 1950</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Cedarvale Cemetery</u>			
<b>23d. LOCATION (City, town, or county)</b> <u>Bay City Texas</u>				<b>24. FUNERAL DIRECTOR'S SIGNATURE</b> <u>E. J. Hedrick #1 677</u>					
<b>25a. REGISTRAR'S FILE NO.</b> <u>115</u>		<b>25b. DATE REC'D BY LOCAL REGISTRAR</b> <u>Oct-25-1950</u>		<b>25c. REGISTRAR'S SIGNATURE</b> <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

