

# 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


<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>BIRTHPLACE</b> <u>Texas</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> <b>ANTECEDENT CAUSES</b> 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                          REC'D NOV 13 1950                          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>20d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Minute)		<b>20e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<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>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

