

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
BUREAU OF VITAL STATISTICS

4342 26 St. Jule
49273

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY <u>Matagorda</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Matagorda</u>	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) <u>Bay City</u> 1		c. CITY (If outside corporate limits, write RURAL and give precinct no.) <u>Bay City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Resident</u>		d. STREET ADDRESS (If rural, give location) <u>2316 7th St Bay City</u>	
3. NAME OF DECEASED a. (First) <u>ROLAND</u> (Type or Print)		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 <u>72</u>	YEARS	MONTHS <u>2</u>	DAYS <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</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>Mittie Boatright</u>		BIRTHPLACE <u>Texas</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		15. SOCIAL SECURITY NO.	
16. INFORMANT'S SIGNATURE <u>Mrs. A. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary 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> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
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) (Min.)	
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 <u>July</u> , 19 <u>45</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>m.</u> , from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <u>Charles Shultz</u>		22b. ADDRESS <u>Bay City Texas</u>	
22c. DATE SIGNED <u>10/25/50</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Oct 28th 1950</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Cedarvale Cemetery</u>			
23d. LOCATION (City, town, or county) (State) <u>Bay City Texas</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. K. Hook # 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
GERALDINE R. HARRIS
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE