

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO.

3716

STATE OF TEXAS

1. PLACE OF DEATH a. COUNTY Midland		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Texas b. COUNTY Midland	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) Midland		c. CITY (If outside corporate limits, write RURAL and give precinct no.) Midland	
d. FULL NAME OF HOSPITAL OR INSTITUTION 905 North Mineola		d. STREET ADDRESS (If rural, give location) 905 N. Mineola	
3. NAME OF DECEASED (Type or Print) Betty Sanford		4. DATE OF DEATH January 4, 1955	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 17, 1873
9. AGE 81		10. MONTHS 10	
11. DAYS 17		12. BIRTHPLACE (State or foreign country) Rockdale, Texas	
13. FATHER'S NAME Billy Sanford		14. MOTHER'S MAIDEN NAME Elizabeth Scott	
15. BIRTHPLACE Georgia		16. BIRTHPLACE Georgia	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		18. SOCIAL SECURITY NO. Unknown	
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 2. ANTECEDENT CAUSES 3. MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (c) STATING THE UNDERLYING CAUSE LAST. 4. OTHER SIGNIFICANT CONDITIONS 5. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		MEDICAL CERTIFICATION 1. Congestive heart failure 2. Hypertension 3. Arteriosclerosis heart disease 4. Unknown	
19a. DATE OF OPERATION		19b. 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. (COUNTY) (STATE)		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 Oct 1, 1954 to Jan 4, 1955 , that I last saw the deceased alive on Jan 4, 1955 , and that death occurred at 8:30 AM , from the causes and on the date stated above.			
22a. SIGNATURE V.M. Coleman		22b. ADDRESS M.D. Midland, Texas	
22c. DATE SIGNED 1-28-55		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 1-6-55		23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	
23d. LOCATION (City, town, or county) (State) Midland Texas		24. FUNERAL DIRECTOR'S SIGNATURE Memmie Wells	
25a. REGISTRAR'S FILE NO. 15		25b. DATE REC'D BY LOCAL REGISTRAR January 29, 1955	
25c. REGISTRAR'S SIGNATURE J.C. Hudman		By: M. Wells	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

K573382

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 OCT 03 2008

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

