

CERTIFICATE OF DEATH

STATE FILE NO

106

STATE OF TEXAS

1. PLACE OF DEATH
 a. COUNTY **Dallas**
 b. CITY OR TOWN (if outside city limits, give precinct no.) **Dallas**
 c. LENGTH OF STAY in l.d. **Grand Prairie**
 d. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION **Parkland Memorial Hospital**
 e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES NO

2. USUAL RESIDENCE (When deceased lived in institution, residence before admission)
 a. STATE **Texas** b. COUNTY **Dallas**
 c. CITY OR TOWN (if outside city limits, give precinct no.) **Grand Prairie**
 d. STREET ADDRESS (if rural, give location) **403 Small-Hill St., #220**
 e. IS RESIDENCE INSIDE CITY LIMITS? YES NO f. IS RESIDENCE ON A FARM? YES NO

3. NAME OF DECEASED (Type or print)
 (a) First **N.** (b) Middle **B.** (c) Last **Alford**
4. DATE OF DEATH **August 17, 1979**

5. SEX **Male** **6. COLOR OR RACE** **White**
7. Married **Never Married**
Widowed **Divorced**
8. DATE OF BIRTH **June 29, 1911** **9. AGE** (In years last birthday) **68**
 IF UNDER 1 YEAR: Months **0** Days **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired military**
10b. KIND OF BUSINESS OR INDUSTRY **Military**
11. BIRTHPLACE (State or foreign country) **Mississippi** **12. CITIZEN OF** **U.S.A.**

13. FATHER'S NAME **Nathan B. Alford** **14. MOTHER'S MAIDEN NAME** **Susie Overby**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **WW II**
16. SOCIAL SECURITY NO. **428 58 3880** **17. INFORMANT** **Robert Alford, son**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Arteriosclerotic Cardiovascular Disease**
 Conditions, if any, which gave rise to above cause (b), stating the underlying cause last: _____
 DUE TO (b) _____
 DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE: _____

20a. ~~XXXXXXXXXXXXXXXXXXXX~~ **20b. DESCRIBE HOW INJURY OCCURRED** (Enter nature of injury in Part I or Part II of form) **8**
 Natural Causes _____
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____
 a.m. _____ p.m. _____
20d. INJURY OCCURRED **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office building, etc.) _____
20f. CITY, TOWN, OR LOCATION _____ **COUNTY** _____
 White at work Not white at work

21. Inquest Held 8/18 19 79
 I hereby certify that I attended the deceased from _____ to _____
 on _____ at _____ Death occurred at _____ on the _____ day of _____ 19____ at _____

22a. SIGNATURE **Thomas F. Gilchrist** (Degree or title) **Medical Examiner**
22b. ADDRESS **P.O. Box 35728 Dallas, Tx 75255 8,18/79**

23a. BURIAL, CREMATION, REMOVAL (Specify) **23b. DATE** **23c. NAME OF CEMETERY OR CREMATORY**
Removal **August 20, 1979** **Southland Memorial Park**
23d. LOCATION (City, town, or county) (State) **24. FUNERAL DIRECTOR'S SIGNATURE**
Grand Prairie **Texas** **Southland Funeral Home**

25a. REGISTRAR'S FILE NO. **25b. DATE RECEIVED BY** **25c. REC'D BY**
6180 **AUG 21 1979** **Johnnie P. Willis**

BUREAU OF VITAL STATISTICS

TEXAS DEPARTMENT OF HEALTH

MEDICAL CERTIFICATION

REGISTRATION DIVISION

ISSUANCE DIVISION

RECORDS DIVISION

12922

WHEN IMPRESSED WITH THE SEAL OF THE CITY OF DALLAS, THIS IS CERTIFIED TO BE A TRUE COPY OF THE PERMANENT RECORD AS FILED IN THE BUREAU OF VITAL STATISTICS.

ISSUED: SEP 26 1979

Johnnie P. Willis
LOCAL REGISTRAR
DALLAS HEALTH DEPARTMENT