

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO. 46163

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY Swisher		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Swisher	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) Tulia		c. LENGTH OF STAY (In this place) 43 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 mi. Northeast on Rt. 2		e. STREET ADDRESS (If rural, give location) Rt. 2 Tulia	
3. NAME OF DECEASED a. (First) Thomas (Type or Print)		b. (Middle) Lannie	
c. (Last) Devin		4. DATE OF DEATH 9-25-1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-26-1877
9. AGE YEARS MONTHS DAYS 75 5 1		10. P. WORK 24 HRS. Mo. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Stock & Produce	
11. BIRTHPLACE (State or foreign country) Neodosha, Kansas		12. FATHER'S NAME Franklin Pierce Devin	
BIRTHPLACE Tennessee		13. MOTHER'S MAIDEN NAME Orlena Paralee	
BIRTHPLACE Unknown		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
15. SOCIAL SECURITY NO. (If yes, give war or dates of service)		15. INFORMANT'S SIGNATURE Robert [Signature]	
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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion, Acute, Severe ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 40 min.		<div style="border: 2px solid black; padding: 5px; text-align: center;"> TEXAS DEPARTMENT OF HEALTH REC'D OCT 1 1952 BUREAU OF VITAL STATISTICS </div>	
18a. DATE OF OPERATION			
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		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 9-25, 1952 to 9-25, 1952 that I last saw the deceased alive on 9-25, 1952 and that death occurred at 11:30 P.M. from the causes and on the date stated above.	
22a. SIGNATURE W. B. Childress, MD (Degree or Title)		22b. ADDRESS Tulia, Texas	
22c. DATE SIGNED 9-29-52		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 9-28-1952		23c. NAME OF CEMETERY OR CREMATORY Ross Hill Cemetery	
23d. LOCATION (City, town, or county) Tulia (State) Texas		24. FUNERAL DIRECTOR'S SIGNATURE (Ralph Roberts [Signature] 4535) Wallace F. H.	
25a. REGISTRAR'S FILE NO. 27		25b. DATE REC'D BY LOCAL REGISTRAR 9-29-52	
25c. REGISTRAR'S SIGNATURE T. W. Rucker			