

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

420.1 25

2294

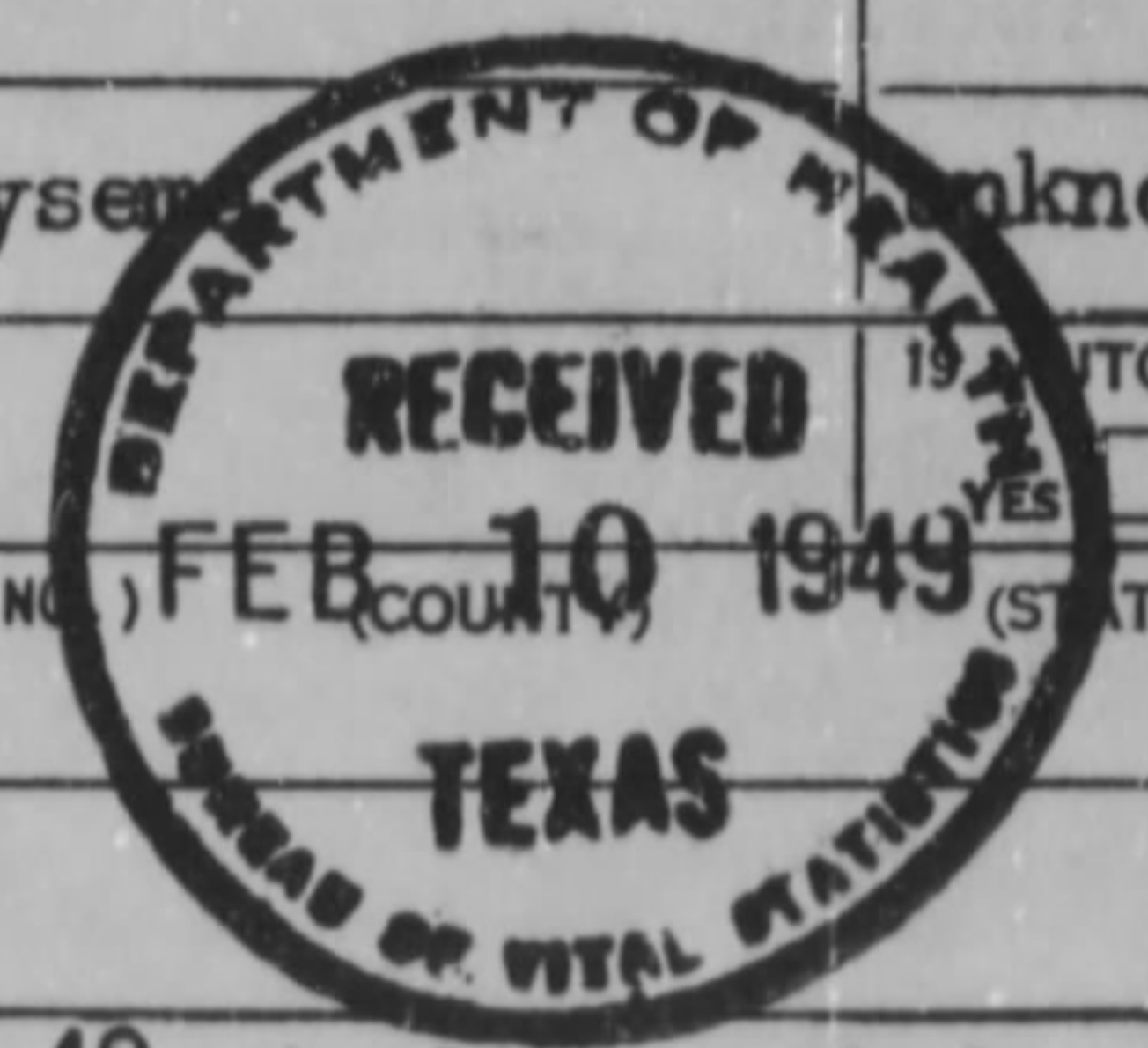
STATE OF TEXAS

STATE FILE NO.

71391

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY <b>Harris</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>Harris</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Houston</b> ) c. LENGTH OF STAY (in this place) <b>1</b> <b>50</b>		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <b>Houston</b> <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>514 West Main</b>		d. STREET ADDRESS (If rural, give location) <b>514 West Main</b>	
3. NAME OF DECEASED a. (First) <b>Walter</b> b. (Middle) <b>Morris</b> c. (Last) <b>Caldwell</b>			4. DATE OF DEATH <b>January 8, 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 20, 1877</b>
9. AGE YEARS MONTHS DAYS <b>71 3 18</b>		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lawyer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Attorney</b>	
11. BIRTHPLACE (State or foreign country) <b>Bastrop, Texas</b>		12. FATHER'S NAME <b>Ollie B. Caldwell</b> BIRTHPLACE <b>Texas</b>	
13. MOTHER'S MAIDEN NAME <b>Annie B. Morris</b> BIRTHPLACE <b>Texas</b>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	
15. SOCIAL SECURITY NO. <b>No</b>		16. INFORMANT'S SIGNATURE <b>Mrs. W.M. Caldwell</b>	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 years p (plus) unknown</b>
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Coronary sclerosis</b>			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Pulmonary Fibrosis and Emphysema</b>			19. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <b>March</b> , 1948, to <b>Jan. 8</b> , 1949, that I last saw the deceased alive on <b>Jan 7</b> , 1949, and that death occurred at <b>3:00 Pm</b> , from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <b>[Signature] M.D.</b>		22b. ADDRESS <b>3902 Montrose, Houston, Texas</b>	
22c. DATE SIGNED <b>1/10/49.</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>	
23b. DATE <b>January 11, 1949</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Brookside Crematory</b>	
23d. LOCATION (City, town, or county) (State) <b>Houston Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Settegast-Kop T.E. Schier #798</b>	
25a. REGISTRAR'S FILE NO. <b>0061</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>JAN 11 1949</b>	
25c. REGISTRAR'S SIGNATURE <b>[Signature]</b>			



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