



TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

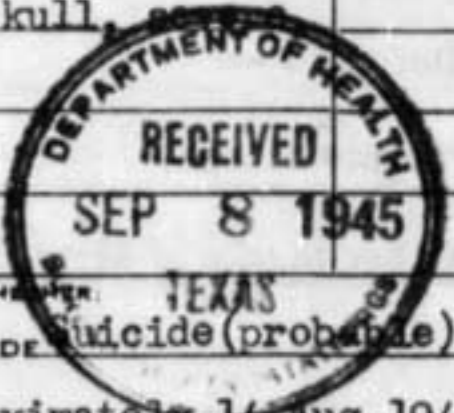
35217

1. PLACE OF DEATH
STATE OF TEXAS
COUNTY OF Harris
CITY OR PRECINCT NO. Houston 3000 Bissonett
GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF DECEASED Mordello Stephen Murray
LENGTH OF RESIDENCE WHERE DEATH OCCURRED Unknown YEARS MONTHS DAYS (SOCIAL SECURITY NO. Unknown)
RESIDENCE OF THE DECEASED | STREET AND NO. AG & SF, Redistribution Sta, Ft Sam Houston COUNTY Bexar STATE Texas

NON-RESIDENT

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL PARTICULARS	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	17. DATE OF DEATH <u>Approximately 14 August 1945</u>		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Dead when first seen</u> TO _____ 194	
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>Single</u>		6 DATE OF BIRTH <u>27 December 1915</u>		I LAST SAW HIM ALIVE ON _____ 194	
7 AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY	8A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Cpl. - U. S. Army</u>		THE DEATH OCCURRED ON THE DATE STATED ABOVE AT _____ M.		DURATION
<u>29</u> <u>7</u> <u>17</u> HOURS MIN	8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED <u>AUS</u>		THE PRIMARY CAUSE OF DEATH WAS: <u>Intracranial Injury, Severe</u>		
9. BIRTHPLACE (STATE OR COUNTRY) <u>Houston, Texas</u>		10 NAME <u>George B. Murray</u>		CONTRIBUTORY CAUSES WERE <u>Fractured skull, multiple, compound.</u>	
11. BIRTHPLACE (STATE OR COUNTRY) <u>Angelton, Texas</u>		12. MAIDEN NAME <u>Ella E. Walling</u>			
13. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		14 SIGNATURE <u>U. S. Army Records</u>			
15 PLACE OF BURIAL OR REMOVAL <u>Woodlawn Garden Houston</u>		ADDRESS <u>AG & SF, Redistribution Station</u>		IF NOT DUE TO DISEASE, SPECIFY WHETHER ACCIDENT, SUICIDE, OR HOMICIDE <u>Suicide (probable)</u>	
DATE <u>August 18, 1945</u>		ADDRESS <u>Fort Sam Houston</u> TEXAS		DATE OF OCCURRENCE <u>Approximately 14 Aug 1945</u>	
16 SIGNATURE <u>Hyde Park Funeral Home No. 49</u>		ADDRESS <u>Fort Sam Houston</u> TEXAS		PLACE OF OCCURRENCE <u>Houston, Texas</u>	
ADDRESS <u>1234 Hyde Park Blvd, Houston</u> TEXAS		MANNER OR MEANS <u>Gun Shot</u>		IF RELATED TO OCCUPATION OF DECEASED, SPECIFY <u>No</u>	
20. FILE NUMBER <u>2915</u> FILE DATE <u>AUG 22 1945</u>		SIGNATURE OF LOCAL REGISTRAR <u>[Signature]</u>		SIGNATURE <u>John Meyers, Captain, M.C.</u> M.D.	
		POSTOFFICE ADDRESS <u>Station Hospital, Ellington Field,</u> TEXAS			
				HOUSTON TEXAS	

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