

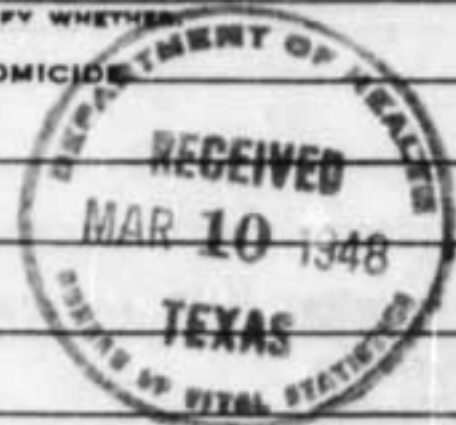


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1. PLACE OF DEATH		TEXAS DEPARTMENT OF HEALTH		BUREAU OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH	
STATE OF TEXAS							
COUNTY OF <u>Tarrant</u>							
CITY OR PRECINCT NO. <u>Ft Worth</u>				<u>All Saints Hospital</u>		GIVE STREET AND NUMBER OR NAME OF INSTITUTION	
2. FULL NAME OF DECEASED <u>William Henry Vail Yates</u>							
LENGTH OF RESIDENCE WHERE DEATH OCCURRED <u>12</u> YEARS <u></u> MONTHS <u></u> DAYS		(SOCIAL SECURITY NO. <u>None</u>)					
RESIDENCE OF THE DECEASED STREET AND NO. <u>5120 Meadowbrook</u>		CITY <u>Ft Worth</u>		COUNTY <u>Tarrant</u>		STATE <u>Tex</u>	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL PARTICULARS			
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		17. DATE OF DEATH <u>February 21, 1948</u>		. 194 <u>8</u>	
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>Married</u>				18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>11</u> 194 <u>8</u> TO <u>7:21</u> 194 <u>8</u>			
6. DATE OF BIRTH <u>August 10, 1859</u>				I LAST SAW H. <u>1m</u> ALIVE ON _____ 194 <u></u>			
7. AGE YEARS <u>88</u> MONTHS <u>6</u> DAYS <u>11</u>		IF LESS THAN 1 DAY _____ HOURS _____ MIN		THE DEATH OCCURRED ON THE DATE STATED ABOVE AT <u>9:15 P</u> M.			
8A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Retired</u>				THE PRIMARY CAUSE OF DEATH WAS:		DURATION	
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED <u>Merchant-Stockman</u>				<u>Post operative shock and pulmonary edema following amputation of rt. leg.</u>		<u>10 hours</u>	
9. BIRTHPLACE (STATE OR COUNTRY) <u>Cherino, Texas</u>				CONTRIBUTORY CAUSES WERE: <u>Arteriosclerosis of rt. popliteal artery with gangrene of leg from knee down.</u>		<u>6 wks.</u>	
10 NAME <u>Daniel Thomas Yates</u>				<u>arterio sclerosis, coronary valvular + myocardial heart disease chronic hepatitis</u>		<u>arterio sclerosis not known</u>	
11. BIRTHPLACE (STATE OR COUNTRY) <u>Georgia</u>				IF NOT DUE TO DISEASE, SPECIFY WHETHER ACCIDENT, SUICIDE, OR HOMICIDE			
12. MAIDEN NAME <u>Martha Jane Pate</u>				DATE OF OCCURRENCE			
13. BIRTHPLACE (STATE OR COUNTRY) <u>Alabama</u>				PLACE OF OCCURRENCE			
14 SIGNATURE <u>O. C. Whitaker</u>				MANNER OR MEANS			
ADDRESS <u>2327 Tierney Rd Ft Worth TEXAS</u>				IF RELATED TO OCCUPATION OF DECEASED, SPECIFY			
15. PLACE OF BURIAL OR REPOSING <u>Rose Hill Ft Worth TEXAS</u>				SIGNATURE <u>A. B. Balcer</u>		M.D. <u>GOR</u>	
DATE <u>February 24, 1948</u>				ADDRESS <u>75 Med. with Alky. Ft. Worth, TEXAS</u>			
16 SIGNATURE <u>Guardian Undt Co., L. C. Hartwig</u>				SIGNATURE OF LOCAL REGISTRAR <u>Opal Greffelt</u>		POSTOFFICE ADDRESS <u>Ft Worth, TEXAS</u>	
ADDRESS <u>1414 8th Ave Ft Worth TEXAS</u>							
20 FILE NUMBER <u>453</u>		FILE DATE <u>FEB 24 1948</u>					

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE



131