

STATE OF TEXAS

084-01-2

084-05

CERTIFICATE OF DEATH

342X 64

STATE FILE NO.

02296

1. PLACE OF DEATH a. COUNTY Galveston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Galveston					
b. CITY OR TOWN (If outside city limits, give precinct no.) Galveston				c. CITY OR TOWN (If outside city limits, give precinct no.) Dickinson					
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION University of Texas Medical Branch Hospitals				d. STREET ADDRESS (If rural, give location) 4407 43rd Street					
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Walter		(a) First Samuel		(b) Middle Robbins		4. DATE OF DEATH January 7, 1974			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH January 26, 1897			
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Minutes					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver				10b. KIND OF BUSINESS OR INDUSTRY					
11. BIRTHPLACE (State or foreign country) Putnam, Texas				12. CITIZEN OF WHAT COUNTRY? United States					
13. FATHER'S NAME Ernest Robbins BN: Kentucky				14. MOTHER'S MAIDEN NAME Mary Bishop BN: Kentucky					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 453-01-7063					
17. INFORMANT Registrar: The University Of Texas Medical Branch Hospitals									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Undetermined Chronic Organic Brain Syndrome Parkinson's Disease CONDITIONS, IF ANY, GIVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Chronic Organic Brain Syndrome Parkinson's Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)					
20c. TIME OF INJURY Hour Month Day Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE			
21. I hereby certify that I attended the deceased from January 4 19 74 to January 7 19 74 and last saw the deceased alive on January 7 19 74 . Death occurred at 0715 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Peyton DeFane (Degree or title)				22b. ADDRESS		22c. DATE SIGNED			

M.D. Galveston, Texas		1/17/74
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE January 7, 1974	23c. NAME OF CEMETERY OR CREMATORY Dickinson Cemetery
23d. LOCATION (City, town, or county) Dickinson	(State) Texas	24. FUNERAL DIRECTOR'S SIGNATURE <i>Ermine S. Mac Beth</i> Malloy & Son FH by Ermine S. Mac Beth #6158
25a. REGISTRAR'S FILE NO. 34	25b. DATE REC'D BY LOCAL REGISTRAR JAN 22 1974	25c. REGISTRAR'S SIGNATURE <i>Ermine S. Mac Beth</i>