

**STATE OF TEXAS**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF STATE HEALTH SERVICES**  
**VITAL STATISTICS UNIT**

101-01-2 101-01 CERTIFICATE OF DEATH 4201 25 STATE FILE NO. 86457

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 OR TOWN (If outside city limits, give precinct no.) <b>Houston</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Houston</b>	
c. LENGTH OF STAY in l. b. <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>3247 Truxillo St.</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH 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) (a) First <b>Pauline</b> (b) Middle <b>Anna</b> (c) Last <b>Law</b>			4. DATE OF DEATH <b>December 7, 1968</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 3, 1931</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hou. Ind. Schools</b>	9. AGE (In years last birthday) <b>37</b>
11. BIRTHPLACE (State or foreign country) <b>Houston, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>James H. Law</b>		14. MOTHER'S MAIDEN NAME <b>Thelma Patten</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) [If yes, give war or dates of service] <b>NO</b>		16. SOCIAL SECURITY NO. <b>Roland Law</b>	
17. INFORMANT <b>Roland Law</b>		18. CAUSE OF DEATH (Enter only one cause or line for (a), (b), and (c).) <b>Myocardial Infarction</b> <b>Hypertensive Heart Disease</b>	
RECORDED <b>DEC 30 1968</b> BUREAU OF VITAL STATISTICS		INTERVAL BETWEEN ONSET AND DEATH <b>8 Months</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Obesity - Hypertension</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <b>11/5</b> to <b>12/7</b> 19 <b>68</b> and last saw the deceased alive on <b>12/7</b> 19 <b>68</b> . Death occurred at <b>9:05 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. Minor</b>		22b. ADDRESS <b>3024 Salmon St.</b>	22c. DATE SIGNED <b>12/13/68</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec. 11, 1968</b>	
23c. LOCATION (City, town, or county) <b>Houston</b>		23d. NAME OF CEMETERY OR CREMATORY <b>Paradise North</b>	
23e. STATE <b>Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Miss C. R. Purnell</b> <b>Fairchild-Purnell Mortuary #6397</b>	
25a. REGISTRAR'S FILE NO. <b>10845</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>DEC. 16, 1968</b>	
25c. REGISTRAR'S SIGNATURE <b>J. A. Allen</b>			

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

JAN 21 2009

*Geraldine R. Harris*  
GERALDINE R. HARRIS  
STATE REGISTRAR

