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

E9760 49

STATE FILE NO. 63665

1. PLACE OF DEATH a. COUNTY Shackelford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Texas b. COUNTY Shackelford	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Albany		c. LENGTH OF STAY (In this place) Approx. 3 mos	
c. CITY (If outside corporate limits, write RURAL and give precinct no.) Albany Precinct No. 2		d. STREET ADDRESS (If rural, give location) N/W of Albany Texas Precinct #2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence (Ranch 8 Miles out		4. DATE OF DEATH Nov. 17th, 1957	
3. NAME OF DECEASED (Type or Print) a. (First) Jack		b. (Middle) (None)	
c. (Last) Farmers		4. DATE OF DEATH Nov. 17th, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 20th, 1897
9. AGE YEARS MONTHS DAYS 60 3 28		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher	
11. BIRTHPLACE (State or foreign country) Fort Worth Texas		12. FATHER'S NAME James D. Farmer	
13. MOTHER'S MAIDEN NAME Cherokee Thompson		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
15. SOCIAL SECURITY NO. None		16. INFORMANT'S SIGNATURE Helon Farmer	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death by self-inflicted gunshot		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) wound	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		TEXAS DEPARTMENT OF HEALTH REC'D DEC 5 1957 BUREAU OF VITAL STATISTICS	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE Suicide		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ranch Home	
20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE) Precinct No. 2 Shackelford Texas			
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased DEAD on 11-17, 1957, and that death occurred at 4:45P m., from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) Registrar		22b. ADDRESS Albany, Texas.	
22c. DATE SIGNED 11-26-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial		23b. DATE Nov. 19, 1957	
23c. NAME OF CEMETERY OR CREMATORY Oak Wood Cemetery			
23d. LOCATION (City, town, or county) (State) Fort Worth Texas Texas		24. FUNERAL DIRECTOR'S SIGNATURE Wylie Funeral Home #3588	
25a. REGISTRAR'S FILE NO. 896		25b. DATE REC'D BY LOCAL REGISTRAR November 26, 1957.	
25c. REGISTRAR'S SIGNATURE			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE