

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Texas b. COUNTY Dallas	
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		c. CITY OR TOWN (If outside city limits, give precinct no.) Dallas	
c. LENGTH OF STAY 14 YRS.		d. STREET ADDRESS (If rural, give location) 616 1/2 N. Denley Street	
4. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Woodlawn Chest Hospital		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		g. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) a. First James b. Middle J. c. Last Coogan		4. DATE OF DEATH 3-31-63	
5. SEX MALE a. COLOR OR RACE White		8. DATE OF BIRTH 5-11-02	
b. Color or race: Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		9. AGE (In years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery		11. BIRTHPLACE (State or foreign country) Ireland	
10b. KIND OF BUSINESS OR INDUSTRY Grocery owner		17. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates of service No		16. SOCIAL SECURITY NO. 449-30-2952	
17. INFORMANT Henry Becker		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism DUE TO (b) Pulmonary tuberculosis DUE TO (c) Pharyngeal carcinoma		INTERVAL BETWEEN ONSET AND DEATH 3 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I			
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. CITY, TOWN, OR LOCATION	
20d. TIME OF INJURY Hour: _____ Month: _____ Day: _____ a.m. _____ p.m. _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	
20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20g. CITY, TOWN, OR LOCATION	
21. I hereby certify that I attended the deceased from 3-31-1963 to 3-31-1963 and last saw the deceased alive on 3-31-1963 . Death occurred at 10:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Larry E. Harris, M.D.		22b. ADDRESS WOODLAWN HOSP.	
22c. DATE SIGNED 3-31-63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE APR. 3, 1963		23c. NAME OF CEMETERY OR CREMATORY CALVARY HILL CEMETERY	
23d. LOCATION (City, town, or county) DALLAS		23e. STATE TEXAS	
24. FUNERAL DIRECTOR'S SIGNATURE JEROME J. CRANE CHAPEL		24. FUNERAL DIRECTOR'S SIGNATURE Joe A. Brown	
25a. REGISTRAR'S FILE NO. 2024		25b. DATE REC'D BY LOCAL REGISTRAR APR 1 - 1963	
25c. REGISTRAR'S SIGNATURE J.W. Bass		25c. REGISTRAR'S SIGNATURE Maurine Lamin	
ACTING REGISTRAR			

TEXAS DEPARTMENT OF HEALTH
REC'D. MAY 10 1963
BUREAU OF VITAL STATISTICS

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

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VS 12, REV. 1/58