

637 CERTIFICATE OF DEATH 1419

STATE OF TEXAS

1. PLACE OF DEATH a. COUNTY Harris		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Orange	
b. CITY OR TOWN (If outside city limits, give precinct no.) Houston		c. CITY OR TOWN (If outside city limits, give precinct no.) Orange	
c. LENGTH OF STAY in 1 b. Few Days		d. STREET ADDRESS (If rural, give location) #20 Circle C	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Rosewood General Hospital		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 James (b) Middle Ambrose (c) Last Ten Eyck, II		4. DATE OF DEATH September 18, 1970	
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 Dec. 18, 1910
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Senior Co-ordinator Engineering and Construction Co.	
11. BIRTHPLACE (State or foreign country) Stevensville, Montana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Edward Hanlon Ten Eyck		14. MOTHER'S MAIDEN NAME Eva Boydon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 468-09-4109	
17. INFORMANT Barbara A Ten Eyck		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute hypotension DUE TO (b) Partial respiratory obstruction. DUE TO (c) Squamous cell carcinoma of tongue	
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 9:05 a. Month 70 Day September 18 Year 70	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) May 23, 70	
20f. CITY, TOWN, OR LOCATION 907 Hermann Prof. Bldg., Houston		20g. COUNTY Texas	
20h. STATE 9/18/70		20i. NAME OF CEMETERY OR CREMATORY Brookside Memorial Park Crematory	
20j. FUNERAL DIRECTOR'S SIGNATURE Geo. H. Lewis & Sons (S.B. Belisch #5649)		20k. REGISTRAR'S SIGNATURE J. A. Allen	
20l. REGISTRAR'S FILE NO. 08559		20m. DATE REC'D BY LOCAL REGISTRAR SEPT. 18, 1970	

STATE OF TEXAS
COUNTY OF HARRIS

I HEREBY CERTIFY THAT THE ABOVE IS A PHOTOSTATIC COPY OF A CERTIFICATE
AS FILED IN THE BUREAU OF VITAL STATISTICS, CITY HEALTH DEPARTMENT,
HOUSTON, TEXAS

ISSUED

DATE August 2, 1971

J. A. Allen
LOCAL REGISTRAR