

TEXAS DEPARTMENT OF HEALTH
REC'D DEC 15 1969
BUREAU OF VITAL STATISTICS

STATE OF TEXAS 050-00-1-050-00 CERTIFICATE OF DEATH 4121 32 STATE FILE NO. 77698

1. PLACE OF DEATH a. COUNTY Coryell		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Texas b. COUNTY Coryell	
b. CITY OR TOWN (If outside city limits, give precinct no.) Gatesville, Texas		c. CITY OR TOWN (If outside city limits, give precinct no.) Gatesville, Texas	
c. LENGTH OF STAY in b. 12 years		d. STREET ADDRESS (If rural, give location) 1/2 Mile S W of Gatesville	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Home-1/2 Mile S W of Gatesville		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" 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 MRS. NELLIE PEARL b) Middle POWELL c) Last POWELL			4. DATE OF DEATH 11-4-1969
5. SEX Female	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 9-25-1906
9. AGE (In years last birthday) 63		10. BIRTHPLACE (State or foreign country) Obage, Texas	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teacher		10b. KIND OF BUSINESS OR INDUSTRY Retired Teacher	
11. BIRTHPLACE (State or foreign country) Obage, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George B. Walker		14. MOTHER'S MAIDEN NAME Mary Elizabeth Mathews	
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. 466-58-0608	
17. INFORMANT Winfred Powell		18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c). IMMEDIATE CAUSE (a) Cerebral left parietal fracture b. Coronary atherosclerotic heart disease 1961 c. hypertension, Calcific Aortic stenosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? NO		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 decedent from Nov. 1961 to Nov. 4, 1969 , and last saw the deceased alive on Oct 5, 1969 . Death occurred at 4:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE X. P. Turner, M.D.		22b. ADDRESS Gatesville, Texas	
22c. DATE SIGNED 11-7-1969		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11-6-1969		23c. NAME OF CEMETERY OR CREMATORY Restland	
23d. LOCATION (City, town, or county) Gatesville, Texas		24. FUNERAL DIRECTOR'S SIGNATURE Scott's Funeral Home Robert W. Scott	
25a. REGISTRAR'S FILE NO. 104-4-11-10-1969		25b. DATE REC'D BY LOCAL REGISTRAR 11-10-1969	
25c. REGISTRAR'S SIGNATURE W. Turner		25d. REGISTRAR'S SIGNATURE W. Turner	

Coryell County, Texas, death certificate no. 77698 (1969), Nellie Pearl Powell; "Texas, Deaths 1890–1976," digital images, _FamilySearch_ (https://familysearch.org : accessed 5 June 2012); citing Bureau of Vital Statistics, Texas Death Records, State Registrar's Office, Austin.