VS-112, REV. 1/58

PLACE OF DEATH  a. COUNTY Trinity County	Prec. #2	2. USUAL RESIDENCE (Where dec	ceased lived. If institution b. CO	on: residence bef	fore admission)		
b. CITY OR TOWN (If outside city limits, give precine	t no.)   c. LENGTH OF STAY	c. CITY OR TOWN (If outside					
Prec. #2	in 1 b.						
d. NAME OF (If not in hospital, give street address)	d. STREET ADDRESS (If rural, give location)						
HOSPITAL OR INSTITUTION RESIDENCE							
e. IS PLACE OF DEATH INSIDE CITY LIMITS?		e. IS RESIDENCE INSIDE C	ITY LIMITS?	It is beside	NCE ON A FAR	142	
YES [3. NAME OF [a] First	NO □ <b>X</b> (b) Middle	(c) Last	NO T		YES	NO	
DECEASED							
(Type or print) Charles  5. SEX 6. COLOR OR RACE	J. Bis	sonnette	10-18-				
6. COLOR OR RACE	Married Never Married	8. DATE OF BIRTH	9. AGE (In yea last birthday	rs IF UNDER Months [	I YEAR IF UN Days Hours	DER 24 HR	
Male White	Widowed Divorced	July 10,1894	79			11111010	
<ol> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ol>	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN	OF WHAT CO	OUNTRY?	
Machienist FATHER'S NAME		Montreal Canada USA			1919	1919	
Leon Bissonnette		Adele Viens					
15. WAS DECEASED EVER IN U.S. ARMED FORCES?							
Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT					
Yes WW 11	529-30-6979 A	Bernice Bis	ssonnette	Э		- NA 1919	
18. CTEXAS DEPONTMENT OF HEALTH (a). IS and (c).		trois to islate				INTERVAL BETWEEN ONSET AND DEATH	
	IH [	0.0			ONSET A	ND DEATH	
REC'D NOV 5 1973	Natural caus	es	a fla salazir		ONSET A	ND DEATH	
IMMEDIATE CAUSE	Natural caus  Heart Attack	es			ONSET A	ND DEATH	
REC'D INDOV 5 1973  which gave rise to above cause (a) BUREATH OF VITAL STATISTIC	Natural caus  (b) Heart Attack S		CONDITION GIVEN	IN PART I(a)	19. WAS AL	JTOPSY PER	
REC'D INDOV 5 1973  Conditions, if NOV 5 1973  which gave rise to above cause (a).  BUREAU OF VITAL STATISTIC	Natural caus    b   Heart Attack   S     CONTRIBUTING TO DEATH BUT NOT REI	ATED TO THE TERMINAL DISEASE			19. WAS AL	JTOPSY PER	
REC'D SANDOV 5 1973  Conditions, if NOV 5 1973  Which gave rise to above cause (a).  BUTFALL OF VITAL STATISTIC  PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT SUICIDE HOMICID  20c. TIME OF Hour Month Day Ye	Natural caus    b	ATED TO THE TERMINAL DISEASE			19. WAS AL	JTOPSY PER	
RECIDENT SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT SUICIDE HOMICIDE  20c. TIME OF Hour Month Day Ye INJURY a.m. p.m.	(a) Natural caus  [b) Heart Attack  S CONTRIBUTING TO DEATH BUT NOT REI  E 20b. DESCRIBE HOW INJURY OCC  ar  URY (e.g., in or about home, farm, factory, [2]	ATED TO THE TERMINAL DISEASE URRED. (Enter nature of injury in Par		3.)	19. WAS AL	JTOPSY PER	
PART II. OTHER SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT SUICIDE HOMICID  20c. TIME OF Hour Month Day Ye  11. NOTWINE DELTA STREET	(a) Natural caus  [b) Heart Attack  CONTRIBUTING TO DEATH BUT NOT REL  E   20b. DESCRIBE HOW INJURY OCC  ar  URY (e.g., in or about home, farm, factory,   2  Hold Trougest	ATED TO THE TERMINAL DISEASE  URRED. (Enter nature of injury in Par  Of. CITY, TOWN, OR LOCATION	t I or Part II of Item II COUN	TY 19	19. WAS AI FORMED YES   and last saw the	JTOPSY PER 17 NO C	
PART II. OTHER SIGNIFICANT CONDITIONS  PART III. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT SUICIDE HOMICID  20c. TIME OF Hour Month Day Ye a.m. p.m.  20d. INJURY OCCURRED Street, office but work of the conditions of the condit	Natural caus   Heart Attack	OF CITY, TOWN, OR LOCATION	t I or Part II of Item II	TY 19	19. WAS AI FORMED YES   and last saw the owledge, from the	JTOPSY PER 19 NO STATE	
PART II. OTHER SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT SUICIDE HOMICID  20c. TIME OF Hour Month Day Ye inJury a.m. p.m. 20d. INJURY OCCURRED  WHILE AT NOT WHILE  WHILE AT NOT WHILE  11. Hereby certify that I attended the deceased from on.  10-10-73	Natural caus   Ieart Attack	OF CITY, TOWN, OR LOCATION  19 10 a m. on the date st	t I or Part II of Item II  COUN	TY 19	19. WAS AI FORMED YES   and last saw the owledge, from the 22c. DATE	JTOPSY PER 77 NO CONTROL OF THE PER 17 NO CONT	
DOUBLE COLORS IN NOV 5 1973  Which gave rise to above cause (a).  PART II. OTHER SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT SUICIDE HOMICID  20a. ACCIDENT SUICIDE HOMICID  20a. TIME OF HOUR Month Day Ye INJURY a.m. p.m. 20d. INJURY OCCURED  WHILE AT WORK 1 20a. PLACE OF INJURY OF INJURY OF INJURY OF INJURY OCCURED  WHILE AT WORK 1 10 - 18 - 7 3  21. 1 I hereby certify that I attended the deceased from on 10 - 18 - 7 3  22a. SIGNATURE	Natural caus    (a)     Natural caus	URRED. (Enter nature of injury in Par  OF, CITY, TOWN, OR LOCATION  11940 to a m. on the date st  2b. ADDRESS  Groveton, Texa	COUNT	TY 19	19. WAS AI FORMED YES   and last saw the owledge, from the	JTOPSY PER 77 NO CONTROL OF THE PER 17 NO CONT	
PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT SUICIDE HOMICID  20b. TIME OF HOUR Month Day Ye in June 12 a.m. p.m. 20d. INJURY OCCURED  20c. TIME OF HOUR MONTH Street, office but street, offi	Natural caus   Ieart Attack	URRED. (Enter nature of injury in Particle 1997). CITY, TOWN, OR LOCATION  119 40 to a m. on the date of the ADDRESS  Groveton, Text	COUNTACTED AND COUNTACTED AS CREMATORY	7Y, 19	19. WAS ALL FORMED YES  and last saw the owledge, from the 22c. DATE 10-1	JTOPSY PER 77 NO CONTROL OF THE PER 17 NO CONT	
PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT SUICIDE HOMICID	In the state of th	ATED TO THE TERMINAL DISEASE  URRED. (Enter nature of injury in Par  OF. CITY, TOWN, OR LOCATION  19 10 a m. on the date st  2b. ADDRESS  Groveton, Texas  23c. NAME OF CEMETERY OR C  A. Cemets	COUNT tated above, and to the  RS  CREMATORY  AT HOUSE	7Y, 19	19. WAS ALL FORMED YES  and last saw the owledge, from the 22c. DATE 10-1	JTOPSY PER 77 NO CONTROL OF THE PER 17 NO CONT	
PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT SUICIDE HOMICID  20c. TIME OF Hour Month Day Yes  10d. INJURY OCCURRED  20d. INJURY D. D. D. D. PLACE OF INJ  20d. INJURY OF HOUR STREET, Office but street, office	Natural caus   Ieart Attack	URRED. (Enter nature of injury in Particle 1997). CITY, TOWN, OR LOCATION  119 40 to a m. on the date of the ADDRESS  Groveton, Text	COUNTAINS COUNTAINS COUNTAINS COUNTAINS COUNTAINS CHARACTER (Housarry ATURE	TY  19 6 best of my knows ston, T	19. WAS AL FORMED YES  and last saw the owledge, from the 22c. DATE 10-1	JTOPSY PER 77 NO CONTROL OF THE PER 17 NO CONT	
PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT SUICIDE HOMICID	In the state of th	ATED TO THE TERMINAL DISEASE  URRED. (Enter nature of injury in Par  OF. CITY, TOWN, OR LOCATION  19 10 a m. on the date st  2b. ADDRESS  Groveton, Texas  23c. NAME OF CEMETERY OR C  A. Cemets	COUNTAINS COUNTAINS COUNTAINS COUNTAINS COUNTAINS CHARACTER (Housarry ATURE	TY  19 6 best of my knows ston, T	19. WAS AL FORMED YES  and last saw the owledge, from the 22c. DATE 10-1	JTOPSY PER 77 NO CONTROL OF THE PER 17 NO CONT	
PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT SUICIDE HOMICID  20a. TIME OF Hour Month Day Ye inJuly a.m. 20d. INJURY OCCURRED  20a. NOTWEEL  21. Ihereby certify that I attended the deceased from 22a. SIGNATURE  22a. SIGNATURE  22a. SIGNATURE  3a. BURIAL CREMATION, REMOVAL (Specify)  Removal  3d. LOCATION (City, town, or county)  Harris Co.	Natural caus   Ieart Attack	ATED TO THE TERMINAL DISEASE  URRED. (Enter nature of injury in Par  OF. CITY, TOWN, OR LOCATION  19 10 a m. on the date st  2b. ADDRESS  Groveton, Texas  23c. NAME OF CEMETERY OR C  A. Cemets	COUNTAINS COUNTAINS COUNTAINS COUNTAINS COUNTAINS CHARACTER (Housarry ATURE	7Y, 19	19. WAS AL FORMED YES  and last saw the owledge, from the 22c. DATE 10-1	JTOPSY PER 77 NO CONTROL OF THE PER 17 NO CONT	

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