

2559

DUPLICATE FILED FOR

STATE OF TEXAS 228-00-1 228-00 CERTIFICATE OF DEATH 4299 35 STATE FILE NO. **81283**

1. PLACE OF DEATH a. COUNTY Trinity County Prec. #2		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Trinity	
b. CITY OR TOWN (If outside city limits, give precinct no.) Prec. #2		c. CITY OR TOWN (If outside city limits, give precinct no.) Prec. #2	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION RESIDENCE		d. STREET ADDRESS (If rural, give location)	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. IS RESIDENCE 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) Charles J. Bissonnette		4. DATE OF DEATH 10-18-73	
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 July 10, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machienist		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 79
11. BIRTHPLACE (State or foreign country) Montreal Canada		12. CITIZEN OF WHAT COUNTRY? USA 1919	
13. FATHER'S NAME Leon Bissonnette		14. MOTHER'S MAIDEN NAME Adele Viens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 11		16. SOCIAL SECURITY NO. 529-30-6979 A	
17. INFORMANT Bernice Bissonnette			
18. TEXAS DEPARTMENT OF HEALTH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural causes Conditions, if any, which gave rise to above cause (b) Heart Attack DUE TO (b) BUREAU OF VITAL STATISTICS		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)		19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.m. Month Day Year		20d. INJURY OCCURRED	
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 deceased from Held Inquest on 10-18-73 at 11:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E.L. Annworth Justice P.		22b. ADDRESS (City, town, or county) Groveton, Texas	
22c. DATE SIGNED 10-19-73			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-19-73	
23c. LOCATION (City, town, or county) Harris Co. Texas		24. FUNERAL DIRECTOR'S SIGNATURE Sparrow Cobble #6502	
25a. REGISTRAR'S FILE NO. D-73		25b. DATE REC'D BY LOCAL REGISTRAR 10-19-73	
		25c. REGISTRAR'S SIGNATURE E.L. Annworth	

SPONSE - BERNICE BISSONNETTE

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

VS-112, REV. 1/58