	I. NAME OF DECEASED (a) First (b) M I o 1 a			b) Middle					(d) Malden		2. SEX	The state of the s	TE OF DEATH	
RACE 5a, WAS THE DECEDENT			SPENCER				In DATE	LANGFORI	AGE (In ye		-	TEMBER 8		
	UCASIAN SA WAS THE DECEDENT HISPANIC ORIGIN? DYES TINO DICIAL SECURITY NUMBER						n, Cuban,		bir	thday)	-	Months	Days Hours	DER 24 HF
					9a. PLACE C				3/27/1917 75 1 mmile 3/27/1917 75 1 mmile 3/27/1917 7/27					
	9-5366		HOSPITAL:	Dinpati	ent DERV	Outpatient [DOA	1	□Nursing Home	XXesic	lence 🗖	Other (Spec	elfy)	
	F DEATH —		Ige CIT	V OR TO	NN (If outside	le city limits a		7	not in hospital, give			other (opec	9e. INSIDE	CITYLIMI
BROW	N		precino	t numbe	" BROWN	WOOD	HOSPI	TAL OR	1610 IND			ROAD	TYES	DNO
O. BIRTHPL	ACE (City and	State 11. C	ITIZEN OF						DNEVER MARRIE					n name)
or foreign co	untry) Y. N. M		NTRY?		U.S. ARA	MED FORCES?	ΙŽΙΛ	VIDOWED	DIVORCED					
	T'S EDUCAT			oleted)			(Give kind o	work dor	ne during most of	vorking lif	e. Do not	16b. KIND	OF BUSINESS O	R INDUST
Grades (0	-12)	College (1	4or5+)	2	use retired)	SECRE	TARY					11.5.	GOVERNME	TNT
7a. RESIDE	NCE - STATE	P. 17.	1	7b. COU	NTY			ITY OR TO	WN, (If outside cit	y limita, s	how rural)		COVERNIE	4111
	TEXAS			В	ROWN			BROV	NWOOD			7680	11	
7d. STREET	ADDRESS (II												17e. INSIDE	CITY LIMI
		1610	LNDIAN	CRE	EK ROA	D	E . H.	100		6-1 - JOS 1			XXYES	DNO
18. FATHER'	SNAME	EDMEG	E Form	m 4		onn	19.		MAIDEN NAME					
		-	I FOUN	TAIN	LANGF	TO SEE SECTION ASSESSMENT AND ADDRESS.			IA CHARLO		CONTRACTOR OF THE PARTY.			
	URE OF INFO		PHONE	RV	A C. S. Tarbit Per S. V. S.				OF FLOWER					
-						Name and Address of the Owner, where	CONTRACTOR OF THE PARTY.	A SHARWARD WATER OF	NO THE STREET WHEN THE PARTY OF	THE PERSON NAMED IN	THE PERSON NAMED IN	THE REAL PROPERTY.	THE RESERVE THE PARTY OF THE PA	-
/	OF DEATH	1000	DATE OF II (Month, Da)		22b. TIME O	F INJURY 22	2c. INJURY	AT WORK?	22d. DESCRIBE	ILNI WOH	JRY OCCU	RRED	8440	13
Matural	Pending		-											
Accident	□Could n	ot be		1.00		М.	DYES	□NO						L RA
Suicide	Determ	load -	PLACE OF	INJURY	- At home	, farm, street,	factory, offi	ce 221. L	OCATION (Street	nd Numb	er or Rural	Route Num	ber, City or Town	State)
□Homicide		bulle	ding, etc. (S	pecify)										
	23a. To the	best of my kn	owledge, de	eath occi	urred at the	time, date, and	place.	24a.	On the basis of ex	amination	and/or in	vestigation.	in my opinion de	ath occur
CERTIFIER To be completed by CERTIFYING PHYSICIAN	23b. DATE SIGNED (Mo., Day, Yr.) 23d. NAME OF CERTIFYING PHYSICIAN				3c. HOUR OF DEATH M. (Type or print)			24b.	ONNIE LAI	19 7)	24c. HOUR		n M.
G	250. 147.111.	Or Oction (o or printy			Z 2	ON SEPT.		100	AT	10.30	O M.
25. MAILING	ADDRESSO	CERTIFIER	(Type or Prin	nt)					THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER, THE OWNER OWNER, THE OWNER, TH					1
pnorn	N COUNT	Y COUR'	CHOUSE	. BR	OWNWOO	D. TEXA	S_ 768	801						
BROWL									TION (Name of cer	netery, cre	matory or	other place)	
	FIGURE 10-	cify)					AULI		MEMORIAI	The second of	A Secretary of the Secr			
26a. METHO	Dotner (Spe					DATE C	OF DISPOSIT	TION	26e. SIGNATURE C	F FUNER	AL DIRECT	ORORPER	SON ACTING AS	
26a. METHO □Donation	ON — City or T		TITL A **								, ,			SUCH
26a. METHO □Donation 26c. LOCATI	ON — City or T	GDEN,				SEPT.			KENNETH C	REEN	Lon	neth	Freen	/
26a. METHO □Donation 26c. LOCATI	ON — City or TO	GDEN,	AL HOME	OME	800.0	SEPT.	11, 19	92			Ken	neth	-01	/
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enalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$5,000. (Health and Safety Code, Chapter 678, Sec. 195)

STATE OF TEXAS § COUNTY OF BROWN &

I, THE BROWN COUNTY CLERK, DO HEREBY CERTIFY THAT THE ABOVE AND FOREGOING IS A TRUE AND CORRECT COPY OF ORIGINAL CERTIFICATE OF Death AS FILED IN THIS OFFICE FOR RECORD THE 23 DAY OF October, 1992. AS THE SAME APPEARS OF RECORD IN VOLUME 122 PAGE 366 OF THE Death RECORDS OF BROWN COUNTY, TEXAS.

BY: Lina VILLAGIO, DEPUTY MARGARET WOODS

COUNTY CLERK PROWN COUNTY TEXAS.

COUNTY CLERK, BROWN COUNTY, TEXAS