

PLACE OF DEATH		CITY OR TOWN (if outside city limits, give precinct no.)		LENGTH OF STAY		USUAL RESIDENCE (where deceased lived - if institution, residence before admission)	
a. COUNTY		b. CITY OR TOWN		c. LENGTH OF STAY		2. USUAL RESIDENCE	
Andrews		Andrews		4 days		Texas Gaines	
d. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION		e. IS PLACE OF DEATH INSIDE CITY LIMITS?		d. STREET ADDRESS (if rural, give location)		e. IS RESIDENCE INSIDE CITY LIMITS?	
Perrinan General Hospital		NO		401 SW 18th		YES	
NAME OF DECEASED (Type or print)		f. COLOR OR RACE		g. MARRIAGE STATUS		h. DATE OF BIRTH	
James Walker		White		Married		Kennedy	
SEX		Male		Widowed		June 30, 1969	
i. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10. KIND OF BUSINESS OR INDUSTRY		8. DATE OF DEATH		i. AGE (in years, months, days)	
Gauger		Oil		June 30, 1969		62	
j. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		k. UNDER 1 YEAR (IF UNDER 74 HRS)	
James Kennedy		Fleetwood, I. T., Okla.		USA		1 month 5 days	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		14. MOTHER'S M AIDEN NAME		17. INFORMANT	
NO		456-09-9569		Unknown		Martha J. Nored	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. IMMEDIATE CAUSE (a)		19. INTERVAL BETWEEN ONSET AND DEATH		19. WAS AUTOPSY PERFORMED?	
PART I. DEATH WAS CAUSED BY:		Myocardial Infarction		2 min.		YES	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		A. S. H. D.		2 min.		NO	
20. ACCIDENT SUICIDE HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)		19. YRS. FORWARDED?		NO	
20a. ACCIDENT SUICIDE HOMICIDE		Embolus to left femoral artery		20. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION	
20c. TIME OF INJURY (am, pm)		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20g. COUNTY		20h. STATE	
20d. INJURY OCCURRED		20f. CITY, TOWN, OR LOCATION		20i. COUNTY		20j. STATE	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20g. COUNTY		20k. STATE		20l. STATE	
20f. CITY, TOWN, OR LOCATION		20h. STATE		20m. STATE		20n. STATE	
20g. COUNTY		20i. COUNTY		20j. STATE		20k. STATE	
20h. STATE		20l. STATE		20m. STATE		20n. STATE	
20i. COUNTY		20k. STATE		20l. STATE		20m. STATE	
20j. STATE		20m. STATE		20n. STATE		20o. STATE	
20k. STATE		20p. STATE		20q. STATE		20r. STATE	
20l. STATE		20s. STATE		20t. STATE		20u. STATE	
20m. STATE		20v. STATE		20w. STATE		20x. STATE	
20n. STATE		20y. STATE		20z. STATE		20aa. STATE	
20o. STATE		20ab. STATE		20ac. STATE		20ad. STATE	
20p. STATE		20ae. STATE		20af. STATE		20ag. STATE	
20q. STATE		20ah. STATE		20ai. STATE		20aj. STATE	
20r. STATE		20ak. STATE		20al. STATE		20am. STATE	
20s. STATE		20an. STATE		20ao. STATE		20ap. STATE	
20t. STATE		20aq. STATE		20ar. STATE		20as. STATE	
20u. STATE		20at. STATE		20au. STATE		20av. STATE	
20v. STATE		20aw. STATE		20ax. STATE		20ay. STATE	
20w. STATE		20az. STATE		20ba. STATE		20bb. STATE	
20x. STATE		20bb. STATE		20bc. STATE		20bd. STATE	
20y. STATE		20bc. STATE		20bd. STATE		20be. STATE	
20z. STATE		20bd. STATE		20be. STATE		20bf. STATE	
20aa. STATE		20be. STATE		20bf. STATE		20bg. STATE	
20ab. STATE		20bf. STATE		20bg. STATE		20bh. STATE	
20ac. STATE		20bg. STATE		20bh. STATE		20bi. STATE	
20ad. STATE		20bh. STATE		20bi. STATE		20bj. STATE	
20ae. STATE		20bi. STATE		20bj. STATE		20bk. STATE	
20af. STATE		20bj. STATE		20bk. STATE		20bl. STATE	
20ag. STATE		20bk. STATE		20bl. STATE		20bm. STATE	
20ah. STATE		20bl. STATE		20bm. STATE		20bn. STATE	
20ai. STATE		20bm. STATE		20bn. STATE		20bo. STATE	
20aj. STATE		20bn. STATE		20bo. STATE		20bp. STATE	
20ak. STATE		20bo. STATE		20bp. STATE		20bq. STATE	
20al. STATE		20bp. STATE		20bq. STATE		20br. STATE	
20am. STATE		20bq. STATE		20br. STATE		20bs. STATE	
20an. STATE		20br. STATE		20bs. STATE		20bt. STATE	
20ao. STATE		20bs. STATE		20bt. STATE		20bu. STATE	
20ap. STATE		20bt. STATE		20bu. STATE		20bv. STATE	
20aq. STATE		20bu. STATE		20bv. STATE		20bv. STATE	

THE STATE OF TEXAS \*  
 COUNTY OF ANDREWS \*

I, JAMES CRADDOCK, County Clerk of Andrews County, Texas, hereby certify that the above and foregoing is a true and correct copy of the record of death of

*James Walker Kennedy*

now on file in my office among the records of Deaths of Andrews County, Texas.

WITNESS my hand and seal of office this the 10 day of July, 1969.

JAMES CRADDOCK, County Clerk  
 Andrews County, Texas

By Clarence Bales