

| | | | CEF | RTIFICATE O | F DEATH | The second second | STATE FILE | | | | |
|--|--|---|---|---|--|--|--|--------------------------|---|--------------------------------------|---|
| DECEASED [a] First [Type or print] Lui | | [b] Middle | | [c] Last | | | 2. SEX 3. DATE OF | | ATE OF DEATH | F DEATH | |
| | | 5 F | Felipe | Duch | hicela | | Male | S | September 21, | | 1984 |
| A. RACE | | HE DECEDENT OF | 55 IF YES, SPEC | | 6. DATE OF | BIRTH | 7. AGE [In ye | ars | IF UNDER 1 YE | AR IF U | NDER 24 HF |
| Indian | SPANIS | No No | CUBAN-PUE ETC. | Inca Se | pt. 19, | 1925 | last birthd | 59 | Months Days | Hour | s Minute |
| a PLACE OF DEATH - | COUNTY | | OR TOWN III outside | a city limits, give | BC. NAME C | F [If not in] | hospital, give | | ress] | 8 | INSIDE CI |
| Caluaston | | precir | Galve | ston | HOSPIT | | UTMB He | osnit | alc | | LIMITS? Yes |
| Galveston | RBIED 1 | 0 BIRTHPLACE (SI | and the second se | | 12. WAS DE IN U.S. A | | | | SPOUSE (If wi | fe, give ma | and the second se |
| WIDOWED, DIVORCE | (Specify) | foreign country) | COUNT | RY? | | | | 1 5 | anta Cru | | |
| Married 4. SOCIAL SECURITY N | 6 | Ecuador | | dor of work done during | No | | ID OF BUSIN | | anta Cru IDUSTRY | 12 | |
| | | most of wor | UPATION (Give kind king life, even if reti | ired] | 2 | | Next Sector Company and Company | | | | |
| None | TE 116b CO | | htroller | R TOWN IIf outside | city limits | I DO | nana II | III rural of | ve location1 | 116 | e INSIDE CI |
| | | | show r | rutall | V | .E. E | strada | Entr | e | | LIMITS? |
| Ecuador 7 FATHER'S NAME | ECU | lador | de Gu | | ¥ | lanes | y Jigu | S.S.TUPE | OF INFORMAN | T | Yes |
| | | 5 | | enous and construction of the | | | 13- 310 | E 2 | 2 17 | 2 | |
| Luis Felipe | | | | les Ramire | | | | ybucc | | anal hoting | on overal |
| 20. PABT | | | AUSE [Enter only or | ne cause per line to | (for (a), (b), (c)] | | | | | Interval between oriset and death | |
| 1 | 1 | (a) Hypoxia | | | | | | | | | |
| Gunditions which gave | rise to | CONTRACTOR OF A CONTRACTOR A | AS A CONSEQUE | NCE OF: | | | | | and | and death | |
| T stating the | cause underly- | (b) Lung ca | incer | and the second second | the state | | | | | print base area | |
| I Stating the ing cause | ast J | DUE TO, OR | AS A CONSEQUE | NCE OF: | | | | | | and death | |
| 1 Landa and a second seco | | (c) | | | | | | | | 1 | |
| D PART OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO | | | | | DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | | | 21. AUTOPSY? | |
| AU | 7 | _ | | | | | | | | Ye | 25. |
| | HOM., UNDET., NVEST. (Specify | 22b. DATE (| OF INJURY 22c. HO Day, Yr.] IN | OUR OF 2 | 22d. DESCRIBE | HOW INJU | JRY OCCURR | ED | | | |
| and the second s | | | | М. | | | | | | | |
| | 214 | 21. PLACE OF INJU | IRY-At home, farm, etc. [Specify] | street, factory, 2 | 22g. LOCATION | STR | REET OR R.F.I | D. NO. | CITY OR TO | WN | STATE |
| 22e. INJURY AT WO | | | | | | | | | | | 8 |
| [Specify yes or | | | | | | | | | | | |
| [Specify yes or 23a. To the b | est of my knowle | edge, death occurre | ed at the time, date, | | 000 | curred at th | ne time, date, | and place | investigation, in and due to the | n my opinio e cause(s) | on death stated |
| [Specify yes or 23a. To the b | est of my knowle he cause(s) state | edge, death occurre | ad at the time, date, | and place and | 5 ISignatu | the basis o curred at th ire and Title | ne time, date, | on and/or i and place | investigation, in a and due to the | n my opinic e cause(s) | on death stated |
| [Specify yes or 23a. To the b | est of my knowle he cause(s) state | edge, death occurre | ed at the time, date, | and place and | 5 ISignatu | curred at th | ne time, date, | on and/or i and place | investigation, in a and due to the | n my opinic e cause(s) | on death stated |
| [Specify yes or 23a. To the b | est of my knowle he cause(s) state id Title] | edge, death occurre d | ed at the time, date, | and place and | 5 ISignatu | curred at th | ne time, date, | and place | investigation, in a and due to the | n my opinic e cause(s) | on death stated |
| [Specify yes or 23a. To the b | est of my knowle he cause(s) state id Title] | edge, death occurre d | ed at the time, date, | and place and | 5 ISignatu | curred at th ire and Title | ne time, date, | and place | investigation, in a and due to the 24c. HOUR OF | e cause(s) | on death stated |
| [Specify yes or 23a. To the b | est of my knowle he cause(s) state id Title] 2.4 JAC (GNED [Mo., Day, | edge, death occurre | | and place and | 5 ISignatu | curred at th ire and Title | ne time, date, ej | and place | and due to the | e cause(s) | stated |
| [Specify yes or 23a. To the b | est of my knowle he cause(5) state d Title) <u>200 277 (5)</u> GNED [Mo., Day, ber 21, | edge, death occurre | c. HOUR OF DEATH 2:40 | and place and | CORONAL CONNECTION OF CONNECTI | TE SIGNED | e time, date, e) (Mo., Day, Yr D DEAD | and place | and due to the | e cause(s) F DEATH | stated |
| Specify yes or 23a. To the b due to'l Isignature ar 23b. DATE SI Septem 23b. DATE SI Septem 23b. DATE SI | est of my knowle he cause(s) state d Title] <u>200</u> <u>277</u> <u>6</u> GNED [Mo., Day, ber 21, F ATTENDING P | edge, death occurre d , yr.j 1984 2HYSICIAN (Type o | c. HOUR OF DEATH 2:40 | and place and | VICTOR CONTRACTOR CONT | TE SIGNED | e time, date, e) (Mo., Day, Yr D DEAD | and place | 24c. HOUR OF | e cause(s) F DEATH | stated |
| Septem 23a. To the b due to 1 [Signature ar 23b. DATE SI Septem 23b. DATE SI Septem 23d. NAME C Sandra | est of my knowle he cause(s) state d Title] GNED [Mo., Day, ber 21, DF ATTENDING P M. Erik | edge, death occurre d , Yr.] 230 1984 PHYSICIAN [Type of (S, M.D | c. HOUR OF DEATH 2:40 r print] | P. M. | CORONAL CONNECTION OF CONNECTI | TE SIGNED | e time, date, e] D [Mo., Day, Yr D DEAD r] | and place | a and due to the | e cause(s) F DEATH | stated |
| (Specify yes or 23a. To the b due to 1 [Signature ar 23b. DATE SI 23b. DATE SI Septem 23d. NAME C Sandra 25a. BURIAL, CREMATIC | est of my knowle he cause(s) state d Title] GNED [Mo., Day, ber 21, DF ATTENDING P M. Erik | edge, death occurre d 2 6 110 , Yr.] 230 1984 PHYSICIAN [Type of (S, M.D specify] 250. E | c. HOUR OF DEATH 2:40 r print] | P. M. | John Marken Construction of the construction o | TE SIGNED | e time, date, e] D [Mo., Day, Yr D DEAD Ir] DR CREMATO | and place | 24c. HOUR OF | e cause(s) F DEATH | stated |
| ISpecify yes or 23a. To the b due to 'l ISignature ar 23b. DATE SI Septem 23d. NAME O Sandra 25a. BURIAL, CREMATIO Removal | est of my knowle he cause(s) state d Title] GNED [Mo., Day, ber 21, DF ATTENDING P M. Erik | edge, death occurre 2. 6. 1711) . Yr.] 230 1984 PHYSICIAN [Type of cs, M.D Specify] 256. E Sep | c. HOUR OF DEATH 2:40 r print] DATE Dtember 25 | аnd place and P. м. 9 1984 | January Construction of the second se | TE SIGNED ONOUNCEI DAY, Yea | e time, date, e) (Mo., Day, Yr D DEAD r) DR CREMATO eneral | or PERSO | 24c. HOUR OF 24c. PRONOU AT | E DEATH | D [Hour] |
| (Specify yes or 23a. To the b due to 't (Signature ar 25a. BURIAL, CREMATIC Removal 25d. LOCATION | est of my knowle he cause(s) state d Title) GNED [Mo., Day, ber 21, DF ATTENDING P M. Erik DN. REMOVAL [S City, town, or co | edge, death occurre 2. 6. (111) , Yr.] 230 1984 PHYSICIAN [Type of (S, M.D. specify] 250. [September 19] | c. HOUR OF DEATH 2:40 * print] DATE DETEMBET 25 [Sta | аnd place and Р. м. 4 1984 ate] 25 | January Construction of the second se | TE SIGNED ONOUNCEI DAY, Yea | e time, date, e) (Mo., Day, Yr D DEAD r) DR CREMATO eneral | or PERSO | 24c. HOUR OF 24c. PRONOU AT | E DEATH | D [Hour] |
| ISpecify yes or 23a. To the b due to the ISignature ar 23b. DATE SI 23b. DATE SI 23d. NAME O Sandra 25a. BURIAL, CREMATIC Removal 25d. LOCATION [| est of my knowle he cause(s) state d Title) GNED [Mo., Day, ber 21, DF ATTENDING P M. Erik DN. REMOVAL [S City, town, or co 111, Ec | edge, death occurre 2. bo (MI) , Yr.] 230 1984 PHYSICIAN [Type of (S, M.D. [25b. [] Sep unty] Uador Sc | c. HOUR OF DEATH 2:40 (print) DATE DETEMBER 25 [Sta DUTH Ame: | P. M. P. M. 25c 1984 atel rica | Decomposition of the second se | TE SIGNED ONOUNCEI D., Day, Yea EMETERY C F FUNERA | e time, date, ej (Mo., Day, Yr D DEAD r) DR CREMATO eneral L DIRECTOR | or PERSO | 24c. HOUR OF 24c. PRONOU AT | E DEATH | D [Hour] |
| Specify yes or 23a. To the b due to 't Signature ar 25a. BURIAL, CREMATIC Removal 25d. LOCATION | est of my knowle he cause(s) state d Title) GNED [Mo., Day, ber 21, DF ATTENDING P M. Erik DN. REMOVAL [S City, town, or co 111, Ec | edge, death occurre 2. bo /m/b . Yr.] 230 1984 230 PHYSICIAN [Type of (s, M.D) 250. D (specify) 250. D Septimuty 250. D Uador Sc Septimuty | c. HOUR OF DEATH 2:40 * print] DATE DETEMBET 25 [Sta | P. M. P. M. 25c 1984 atel rica | Decomposition of the second se | TE SIGNED ONOUNCEI D., Day, Yea EMETERY C F FUNERA | e time, date, e) (Mo., Day, Yr D DEAD r) DR CREMATO eneral | or PERSO | 24c. HOUR OF 24c. PRONOU AT | E DEATH | D [Hour] |

STATE OF TEXAS

GALVESTON COUNTY HEALTH DISTRICT

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE AS RECORDED IN THE GALVESTON. COUNTY HEALTH DISTRICT, GALVESTON, TEXAS.

BY: d

REGISTRAR OF VITAL STARISTICS

ISSUED SEP 24 1984

一個小海





