STATE OF TEXAS SAN ANTONIO METROPOLITAN HEALTH DISTRICT

1. NAME OF DECEASED	(a) FIRST	(b) MIDDL			LAST	(d) MAIDE	100 May 100 Ma	4 211	3. DATE OF DEATH	
4. DATE OF BIRTH	Jean	C LEUND		Weymout		Cragin	Fema	le	January 19, 19	
June 17, 192	G (IN)	(EARS) IF UNDE	DAYS H	OURS MIN		LACE (CITY & STATE			7. SOCIAL SECURITY NO.	
	200		S PRECIEVA		Arl	lington, M	assachus	etts	042-20-4467	
Caucasian Caucasian	DA. WAS THE DECE OF HISPANIC ORIG YES	ANO				VAS DECEDENT EVE ARMED FORCES? YES	(0-12) CC	CATION (SF TED, ELEM DLLEGE (13	PECIFY HIGHEST GRADE I. OR SECONDARY 16, 17+) NO OF BUSINESS OR INDUSTR	
MARRIED UIDOWED 15a. RESIDENCE STREET	NEVER MARRIED DIVORCED	Gordon			TO AND THE	Teacher		E1	ementary School	
50 Scenic Dr								ilfor		
		15d. STATE			15	5e. ZIP CODE		151. INS	SIDE CITY LIMITS	
Belknap 16. FATHER'S NAME		New	Hampsh		17 1407145	03246		* 786.[J	YES NO	
John O. Crag	in Sr				Annual of Contract of the Cont	R'S MAIDEN NAME	cho I I			
- Jan Q. Grag	,		18	8. PLACE OF DEA			41CJ.1			
HOSPITAL: TINPATIEN	T ER/OUTPAT	TIENT DOA	200000000000000000000000000000000000000			SIDENCE OTI	IEB (SPECIEV			
19. COUNTY OF DEATH	20.	CITY OR TOWN (IF	OUTSIDE CITY	Y LIMITS, GIVE PRECI	INCT NO.) 2	21. NAME OF HOSPIT	AL OR INSTITUT	FION (If not i	n institution, show street address	
Bexar 22. INFORMANT — SIGNAT		San Anto					Texas M	lethod:	ist Hospital	
Gordon H. We	ymouth	_	Husba	ınd		50 Scenic	DrG-3	Gilfo	rd, N.H. 03246	
24. METHOD OF DISPOSIT	ION 25a. PL	ACE OF DISPOSITION OR OR OTHER PLACE	ON INAME OF C	EMETERY,	25b. Section		29. NAME	& ADDRES	SS OF FUNERAL HOME	
BURIAL	Cre	matory A	ssocia	ites of	Block_					
St CREMATION	26. LOC	CATION (CITY, ST	ATE)		Lot				Mortuary	
REMOVAL FROM ST		San Antonio, Texas 27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			Space_	Space8		810 West Ave.		
DONATION					Unknown			an Antonio, Texas 78201		
	111				1	28. DATE OF DISPOSITION				
30. CERTIFIER 30. CERTIFIER 31. SIGNATURE & TITLE OF 31. SIGNATURE & ADDITION 134.	CAUSE(S)	ASIS OF EXAMINA AND MANNER AS	ATION AND/C	OR INVESTIGATION	AT THE TIME	PINION, DEATH OCC			(S) AND MANNER AS STATED. E, PLACE, AND DUE TO THE 33. TIME OF DEATH 5:35 P.	
30. CERTIFIER St. CERTIFYING PHYSIC MEDICAL EXAMINET JUSTICE OF THE PEA 31. SIGNATURE & TITLE OF 34. PRINTED NAME & ADDI WATTEN F. Ne 35. PART 1 ENTER TI	R ON THE BACE CAUSE(S) FORTIFIER PRESS OF CERTIFIER LE DISEASES, INJUI OR RESPIRATORY and disease	ASIS OF EXAMINA AND MANNER AS ER 10 Medic	eal Dri	M Ve-Suite HAT CAUSED THE T FAILURE. LIST (E.D. 600 E DEATH. DO ONLY ONE	E, DATE, AND PLACE PINION, DEATH OCC 32. DATE MO San Anto NO NOT ENTER THE CAUSE ON EACH LI	SIGNED AT THE SIGNED DAY Z/	YEAR 99	33. TIME OF DEATH 5:35 P.	
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DATE ISSUED:

JAN 2 7 1999

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FERNANDO Q. FLORES

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