

92 1057

STATE OF TEXAS *071-01-21 071-01* CERTIFICATE OF DEATH *4379 40* STATE FILE NO. **98101**

1. PLACE OF DEATH a. COUNTY El Paso		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY El Paso	
b. CITY OR TOWN (If outside city limits, give precinct no.) El Paso		c. CITY OR TOWN (If outside city limits, give precinct no.) El Paso	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Sun Towers Hospital		d. STREET ADDRESS (If rural, give location) 4005 Clifton	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) LOUIS AARON FAIL		4. DATE OF DEATH December 13, 1972	
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 Aug. 27, 1889
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Sou. Pac. RR Conductor		10b. KIND OF BUSINESS OR INDUSTRY Conductor	
11. BIRTHPLACE (State or foreign country) Lansing Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Samuel Wilson Fail		14. MOTHER'S MAIDEN NAME Luthira Bookout	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 700-12-4610	
17. INFORMANT ROSE FAIL BOWMAN <i>Rose Fail Bowman</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] TEXAS DEPARTMENT OF HEALTH IMMEDIATE CAUSE (a) Cerebro-vascular accident Cerebrovascular accident Cerebral arteriosclerosis cerebral arteriosclerosis 5] 1973 DUE TO (b) RECORDS DIVISION OF VITAL STATISTICS (c)			INTERVAL BETWEEN ONSET AND DEATH 14 yrs. 10 yrs. 10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month Day Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1963 1963 to 13 Dec. 13 Dec. 72 and last saw the deceased alive on 13 Dec 13 Dec. 19 72 Death occurred at 11:50 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE ROBY. H. THAYER		22b. ADDRESS 1502 Arlington Rd El Paso, Tex.	
22c. DATE SIGNED 18 Dec 72			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 15, 1972	
23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery			
23d. LOCATION (City, town, or county) (State) El Paso Texas		24. FUNERAL DIRECTOR'S SIGNATURE HARDING-ORR & McDANIEL PERSHING DR.	
25a. REGISTRAR'S FILE NO. 2275		25b. DATE REC'D BY LOCAL REGISTRAR DEC 19 1972	
25c. REGISTRAR'S SIGNATURE <i>J. W. Fields</i>			

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS
RECORDS DIVISION OF VITAL STATISTICS
MEDICAL CERTIFICATION
VS-112, REV. 1/58

Texas, U.S., Death Certificates, 1903-1982

Record Index

Name: Louis Aaron Fail
Gender: Male
Race: White
Death Age: 83
Birth Date: 27 Aug 1889
Birth Place: Lansing Kansas
Residence Date: Abt 1972
Residence Place: El Paso, El Paso, Texas, USA
Death Date: 13 Dec 1972
Death Place: El Paso, El Paso, Texas, USA
Father: Samuel Wilson Fail
Mother: Luthira Bookout
Certificate Number: 98101

Source Information

Record Url:

https://www.ancestry.com/imageviewer/collections/2272/images/33154_b062877-02371

Source Citation:

Texas Department of State Health Services; Austin Texas, USA; Texas Death Certificates, 1903-1982

Source Information

Ancestry.com.

Texas, U.S., Death Certificates, 1903-1982

[database on-line]. Lehi, UT, USA: Ancestry.com Operations, Inc., 2013.

Original data: Texas Department of State Health Services. Texas Death Certificates, 1903-1982. Austin, Texas, USA.