

1. PLACE OF DEATH  
 a. COUNTY **Harris**  
 b. CITY OR TOWN (if outside city limits, give precinct no.) **Pasadena**  
 c. LENGTH OF STAY in l.b. **6 yrs.**  
 d. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION **802 Fresa - Blalock Nursing Home**  
 e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES  NO

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  
 a. STATE **Texas** b. COUNTY **Harris**  
 c. CITY OR TOWN (if outside city limits, give precinct no.) **Pasadena**  
 d. STREET ADDRESS (if rural, give location) **710 Cherokee**  
 e. IS RESIDENCE INSIDE CITY LIMITS? YES  NO   
 f. IS RESIDENCE ON A FARM? YES  NO

3. NAME OF DECEASED (Type or print) (a) First **William** (b) Middle **Thornton** (c) Last **Read Sr.**  
 4. DATE OF DEATH **June 4, 1972**  
 5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **March 8, 1886** 9. AGE (In years last birthday) **86**  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Chemist** 10b. KIND OF BUSINESS OR INDUSTRY **Gen. Staff Dept of Army**  
 11. BIRTHPLACE (State or foreign country) **College Station, Texas** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**  
 13. FATHER'S NAME **Joseph Dodson Read** 14. MOTHER'S MAIDEN NAME **Belle Thornton**  
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) **Yes 1918** 16. SOCIAL SECURITY NO. **577-52-0534**

17. INFORMANT **Dr. Roxane Wiswell**  
 18. **TEXAS DEPARTMENT OF HEALTH** IMMEDIATE CAUSE (a) **Bronchopneumonia**  
 (b) **Diabetes Mellitus** (c) **Arteriosclerosis, generalized**  
 (d) **Urinary tract infection**  
 19. WAS AUTOPSY PERFORMED? YES  NO   
 20. TIME OF INJURY (a) **5:49/72** (b) **11/18/66** (c) **6/4/72**  
 20a. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
 20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) **Forest Park East**  
 20c. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)

21. I hereby certify that I attended the deceased from: **5/19/72** to **6/4/72** and last saw the deceased alive on **6/4/72** m. on the date stated above, and to the best of my knowledge, from the causes stated.  
 22a. SIGNATURE **Carroll Green M.D.** 22b. ADDRESS **4023 Woodlawn, Pasadena, Texas**  
 22c. NAME OF CEMETERY OR CREMATORY **Forest Park East**  
 22d. FUNERAL DIRECTOR'S SIGNATURE **John B. Blalock**  
 22e. REGISTER'S SIGNATURE **Thelma Jackson**  
 22f. DATE SIGNED **6/8/72**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **June 7, 1972** (State) **Texas**  
 23c. LOCATION (City, town, or county) **Beague City**  
 23d. REGISTER'S FILE NO. **228** 23e. DATE REC'D BY LOCAL REGISTRAR **JUN 13 1972**  
 23f. REGISTER'S FILE NO. **#4866**

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS  
 185X