

STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4430 27
36899
STATE FILE NO.

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY Bexar		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Texas b. COUNTY Bexar	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) Resided in San Antonio		c. CITY (If outside corporate limits, write RURAL and give precinct no.) San Antonio	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brooke Army Hospital		d. STREET ADDRESS (If rural, give location) 716 Denver Blvd.	
3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) P. c. (Last) Shore		4. DATE OF DEATH 19 August 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 31 March 1877
9. AGE 73		10. YEARS 4	11. MONTHS 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professional soldier		10b. KIND OF BUSINESS OR INDUSTRY U. S. Army	
11. BIRTHPLACE (State or foreign country) Illinois		12. FATHER'S NAME Unknown	
13. MOTHER'S MAIDEN NAME Unknown		14. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes	
15. SOCIAL SECURITY NO. 1902 - 1952		16. INFORMANT'S SIGNATURE Official Records	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, cerebral, ventriculostium, right. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19. DATE OF OPERATION None		20. MAJOR FINDINGS OF OPERATION None	
21. ACCIDENT SUICIDE HOMICIDE		22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
23. TIME (Month) (Day) (Year) (Hour) (Minute) hosp staff		24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
25. HOW DID INJURY OCCUR? hosp staff		26. I hereby certify that I attended the deceased from 22 June , 19 50 , to 19 August , 19 50 , that I last saw the deceased alive on 19 August , 19 50 , and that death occurred at 1:11 Pm. , from the causes and on the date stated above.	
27. SIGNATURE O. R. CONNER, JR., Major, MSC		28. ADDRESS Brooke Army Hospital	
29. DATE SIGNED 21 Aug 1950		30. NAME OF CEMETERY OR CREMATORY Fort Sam Houston National Cemetery	
31. LOCATION (City, town, or county) San Antonio		32. FUNERAL DIRECTOR'S SIGNATURE Zizik-Kearns Funeral Home	
33. REGISTRAR'S FILE NO. 2750		34. DATE REC'D BY LOCAL REGISTRAR AUG 21 1950	
35. REGISTRAR'S SIGNATURE Stewart C. Fisher		36. REGISTRAR'S SIGNATURE Stewart C. Fisher	