STATE OF TEXAS 108-002-2140-D

CERTIFICATE OF DEATH

STATE FILE NO. 42222 25 10123

1. PLACE OF DEATH
a. COUNTY Hidalgo
b. CITY OR TOWN (If outside city limits, give precinct no.) Mc-Allen Rural, Pct. #3
c. LENGTH OF STAY in 1 b. 2 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Call's Rest Home 1½ Miles N. 10th
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 ~~Hidalgo~~ Starr
c. CITY OR TOWN (If outside city limits, give precinct no.) Rio Grande City
d. STREET ADDRESS (If rural, give location) Residence
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 Mabel (b) Middle Magnolia (c) Last Peterson
4. DATE OF DEATH Feb. 28, 1958
5. SEX Female
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Sept. 22, 1884
9. AGE (In years last birthday) 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Malcolm Ludwig Cavallin
14. MOTHER'S MAIDEN NAME Christina Beata
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Edwin Peterson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Dilatation Heart — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial Insufficiency — 3 days
DUE TO (c) Hemaplegia Left — 2 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 ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY: Hour (a.m. / p.m.) Month Day Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)
20f. CITY, TOWN, OR LOCATION STATE

TEXAS DEPARTMENT OF HEALTH
REC'D MAR 13 1958
BUREAU OF VITAL STATISTICS

21. I hereby certify that I attended the deceased from 2-27 1958 to 2-28 1958 and last saw the deceased alive on 2-28 1958. Death occurred at 7:15 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Alloyd Lutrell Davis (Degree or title) M.D.
22b. ADDRESS 421 So. Ridge Way McAllen Texas
22c. DATE SIGNED 2-10 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Feb. 28, 1958
23c. NAME OF CEMETERY OR CREMATORY Olivia Cemetery
23d. LOCATION (City, town, or county) Calhoun (State) Texas
24. FUNERAL DIRECTOR'S SIGNATURE Richard Ceballos
Rio Grande Funeral Home
Ceballos
25a. REGISTRAR'S FILE NO. 69
25b. DATE REC'D BY LOCAL REGISTRAR 3-10-58
25c. REGISTRAR'S SIGNATURE Natividad Sánchez

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