

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY <b>Brazos</b>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Brazos</b>		
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Bryan</b>		c. LENGTH OF STAY in 1 b. <b>aprox 17 yrs</b>	c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Bryan</b>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Bryan Hospital &amp; Clinic</b>			d. STREET ADDRESS (If rural, give location) <b>202 Glenwood</b>		
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"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) (a) First <b>HARRY</b> (b) Middle <b>WARREN</b> (c) Last <b>COLLINS</b>			4. DATE OF DEATH <b>May 27, 1968</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 26, 1896</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS: Hours <input type="checkbox"/> Minutes <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>P.D. Chief/Sherrif Law Enforcement</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Weatherford, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Henry Warren Collins</b>			14. MOTHER'S MAIDEN NAME <b>Marie Davidson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>460-46-6475</b>	17. INFORMANT <b>Reed H. Collins</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebrovascular Thrombosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)
DUE TO (c)					PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
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 <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>			<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>TEXAS DEPARTMENT OF HEALTH</b>  <b>REC'D JUN. 7 1968</b>  <b>BUREAU OF VITAL STATISTICS</b> </div>		
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 <b>Bryan</b> COUNTY <b>Brazos</b> STATE <b>TEXAS</b>			
21. I hereby certify that I attended the deceased from <b>5-27</b> 19 <b>68</b> to <b>5-27</b> 19 <b>68</b> and last saw the deceased alive on <b>5-27</b> 19 <b>68</b> . Death occurred at <b>7:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i> (Degree or title)			22b. ADDRESS <b>Bryan, Texas</b>		22c. DATE SIGNED <b>6-3-68</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Ex Removal</b>		23b. DATE <b>5/29/68</b>	23c. NAME OF CEMETERY OR CREMATORY <b>College Station City Cemetery</b>		
23d. LOCATION (City, town, or county) <b>Brazos County, Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Callaway-Jones F.H. by: Raymond C Jones #5354</b>			
25a. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR <b>6-3-68</b>	25c. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

VS-112, REV. 1/58