

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY <b>Bell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b>		b. COUNTY <b>Brown</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Temple</b>		c. LENGTH OF STAY in 1 b. <b>20 days</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Bangs</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Veterans Administration Center</b>		d. STREET ADDRESS (If rural, give location) <b>Box 233</b>			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? <b>YES <input checked="" type="checkbox"/></b> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? <b>YES <input checked="" type="checkbox"/></b> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) (a) First <b>William</b>		(b) Middle <b>B.</b>		(c) Last <b>Harriss</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baseball player</b>		10b. KIND OF BUSINESS OR INDUSTRY		4. DATE OF DEATH <b>9-19-63</b>	
13. FATHER'S NAME <b>Charles V. Harriss</b>		14. MOTHER'S MAIDEN NAME <b>Nancy Ann Stewart</b>		8. DATE OF BIRTH <b>12-11-97</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>WWI</b>		16. SOCIAL SECURITY NO. <b>452 26 7856A</b>		9. AGE (In years) <b>62</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Minutes _____	
11. BIRTHPLACE (State or foreign country) <b>Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
17. INFORMANT <b>Official Veterans Administration Records</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>A. Lobar pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>25 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Friedlander's bacillus</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)  
**Idiopathic thrombocytopenic purpura**

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. PLACE OF INJURY (e.g., in or about home, farm, school, street, office building, etc.)	

TEXAS DEPARTMENT OF HEALTH  
 REC'D. OCT 25 1963  
 BUREAU OF VITAL STATISTICS

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 REC'D. OCT 16 1963  
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21. I hereby certify that I attended the deceased from **August 31,** 19 **63** to **September 19,** 19 **63**  
 Death occurred at **9:55** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Tracy J. Wallace</b>	22b. ADDRESS <b>VA Center, Temple, Texas</b>	22c. DATE SIGNED <b>9-19-63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>9-19-63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Unknown</b>	
23d. LOCATION (City, town, or county) <b>Brownwood, Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>W.B. Cooper</b>		25c. REGISTRAR'S SIGNATURE <b>Claude Thompson by Pamela Sharp</b>	
25a. REGISTRAR'S FILE NO. <b>622</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>9-25-63</b>			

VS-112, REV. 1/58