

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY Bell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas		b. COUNTY Brown	
b. CITY OR TOWN (If outside city limits, give precinct no.) Temple		c. LENGTH OF STAY in 1 b. 20 days		c. CITY OR TOWN (If outside city limits, give precinct no.) Bangs	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Veterans Administration Center		d. STREET ADDRESS (If rural, give location) Box 233			
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 type="checkbox"/>	
3. NAME OF DECEASED (Type or print) (a) First William		(b) Middle B.		(c) Last Harriss	
5. SEX Male		6. COLOR OR RACE White		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) Baseball player		10b. KIND OF BUSINESS OR INDUSTRY		4. DATE OF DEATH 9-19-63	
13. FATHER'S NAME Charles V. Harriss		14. MOTHER'S MAIDEN NAME Nancy Ann Stewart		8. DATE OF BIRTH 12-11-97	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI		16. SOCIAL SECURITY NO. 452 26 7856A		9. AGE (In years last birthday) 62	
17. INFORMANT Official Veterans Administration Records		11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? USA	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A. Lobar pneumonia					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Friedlander's bacillus					25 days
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					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION			
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 Tracy J. Wallace		22b. ADDRESS VA Center, Temple, Texas		22c. DATE SIGNED 9-19-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-19-63		23c. NAME OF CEMETERY OR CREMATORY Unknown	
23d. LOCATION (City, town, or county) Brownwood, Texas		24. FUNERAL DIRECTOR'S SIGNATURE W.B. Cooper			
25a. REGISTRAR'S FILE NO. 622		25b. DATE REC'D BY LOCAL REGISTRAR 9-25-63		25c. REGISTRAR'S SIGNATURE Claude H. Thompson by Pamela Sharp	

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

TEXAS DEPARTMENT OF HEALTH
 REC'D. OCT 16 1963
 BUREAU OF VITAL STATISTICS

VS-112, REV. 1/58