

STATE OF TEXAS *212-01-2 212-01* CERTIFICATE OF DEATH *E955X* STATE FILE NO. **87162**

1. PLACE OF DEATH a. COUNTY <b>Smith</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Smith</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Tyler</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Tyler</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Medical Center Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2802 Fry Street</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>THELMA</b> (b) Middle <b>ELIZABETH</b> (c) Last <b>COBB</b>	
4. DATE OF DEATH <b>Nov. 23, 1976</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	
8. DATE OF BIRTH <b>9-11-1930</b>		9. AGE (In years last birthday) <b>46</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13. FATHER'S NAME <b>Ralph J. Bollman</b>		14. MOTHER'S MAIDEN NAME <b>Thelma Anderson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>459 56 4441</b>	
17. INFORMANT <b>Cynthia Cobb ( Daughter )</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>Head injury</b> CONDITIONAL CAUSE (b) <b>gun shot wound</b> OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) <b>gun shot wound</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>app 17 hrs</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>deceased shot self in right side of head</b>	
20c. TIME OF INJURY <b>9:15 p.m.</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>Tyler</b>	
20g. COUNTY <b>Smith</b>		20h. STATE <b>Texas</b>	
21. I hereby certify that I attended the deceased from <b>at request 11-23, 1976</b> to _____, 19____ and last saw the deceased alive on _____, 19____. Death occurred at <b>2:30 P</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Mo Low Meier JR</b>		22b. ADDRESS <b>Tyler, Texas</b>	
22c. DATE SIGNED <b>11-24-1976</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>11-24-1976</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Cathedral in the Pines Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Tyler</b>		23e. (State) <b>Texas</b>	
24. FUNERAL DIRECTOR'S SIGNATURE <b>Lloyd James Funeral Home</b>		25a. REGISTRAR'S FILE NO. <b>981</b>	
25b. DATE REC'D BY LOCAL REGISTRAR <b>November 24, 1976</b>		25c. REGISTRAR'S SIGNATURE <b>Meritt Crowder MD.</b>	

TEXAS DEPARTMENT OF HEALTH RESOURCES -- BUREAU OF VITAL STATISTICS

TEXAS DEPARTMENT OF HEALTH RESOURCES  
REC'D DEC 13 1976  
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VS-112, REV. 1/58