

1. PLACE OF DEATH a. COUNTY Nueces		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Texas		b. COUNTY Nueces	
b. CITY OR TOWN (If outside city limits, give precinct no.) Corpus Christi		c. LENGTH OF STAY in 1 b.		c. CITY OR TOWN (If outside city limits, give precinct no.) Robstown	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Memorial Medical Center		d. STREET ADDRESS (If rural, give location) 401 East Ave. I			
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 Claude			(b) Middle Edwin			(c) Last DAVENPORT			4. DATE OF DEATH June 13, 1976		
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"/>		8. DATE OF BIRTH May 28, 1898		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm			11. BIRTHPLACE (State or foreign country) Louisiana			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Thomas M. Davenport						14. MOTHER'S MAIDEN NAME Sarah Hamilton					
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 Mrs. Grace Davenport: Wife			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic injuries of chest and head										INTERVAL BETWEEN ONSET AND DEATH	
<div style="border: 1px solid black; padding: 5px;"> <p>Conditions, if any, which are above listed (a), stating the underlying cause of death.</p> <p>THE DEPARTMENT OF HEALTH RESOURCES</p> <p>REC'D JUL 12 1976</p> <p>DUE TO (c)</p> <p>BUREAU OF VITAL STATISTICS</p> </div>											
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input checked="" 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.) Deceased was driver involved in two car collision									
20c. TIME OF INJURY Hour Month Day Year 11:20 a.m. JUNE 10 76												
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.) street			20f. CITY, TOWN, OR LOCATION Robstown			COUNTY Nueces		STATE Texas	

I hereby certify that I attended the deceased from _____ to _____ and last saw the deceased alive on _____ Death occurred at 5:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>Joseph C. Rupp, M.D.</i>				(Typed name) Joseph C. Rupp, M.D.				22b. ADDRESS 2435 Morgan Corpus Christi, Texas		22c. DATE SIGNED 6-28-76	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE June 13, 1976			23c. NAME OF CEMETERY OR CREMATORY Robstown Memorial Park			24. FUNERAL DIRECTOR'S SIGNATURE <i>Ed W. Frenzel</i>		
23d. LOCATION (City, town, or county) Robstown, Texas			25a. REGISTRAR'S FILE NO. 926			25b. DATE REC'D BY LOCAL REGISTRAR JUN 29 1976			25c. REGISTRAR'S SIGNATURE <i>W. R. Metzger, M.D.</i>		