KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-497-CJ	Version Type:	ORIGINAL VERSION
Report Date:	6/29/2026 5:23 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Chambers County Sheriff's Office	Agency Address:	PO BOX 998
Agency City:	Anahuac	Agency State:	TX
Agency Zip:	77514		

Director Information

Director Salutation:	Sheriff	Director First Name:	Brian
Director Middle Name:			
Director Last Name:	Hawthorne		
Reporter Name:	Nate Shelton	Reporter Email:	nshelton@chamberstx.gov

Decedent Information

Identity of Deceased

First Name: Shilah

Middle Name: Brantley

Last Name: Bryant

Suffix:

Date of Birth: 6/25/1977 Sex: Female

Race: Anglo or White

Age At Time Of Death: 49

Date/Time of Custody (arrest, incarceration) (mm/dd/yyyy hh:mm AM/PM):

Date/Time of Custody or Incident: 4/30/2026 6:32 PM

Date/Time of Death (mm/dd/yyyy hh:mm AM/PM):

Death Date and Time: 6/26/2026 9:33 AM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Evaluation?: Yes, results pending

What was the manner of death? (select only one)

Manner of Death: Pending autopsy results

Medical Cause of Death:

Medical Cause of Death:

Cardiac arrest stemming from a perforated bowel (sepsis).

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment: Yes

If death was an accident, homicide or suicide, who caused the death?

Who caused the death?: Not applicable

If a weapon caused the death, what type of weapon caused the death? (Hold CTRL to select all that apply)

Type of weapon that caused death?: Not Applicable

Was the cause of death the result of a pre-existing medical condition or did the decedent develop the condition after admission?

Pre existing medical condition?: Pre-existing medical condition

If death was an accident, homicide or suicide, what was the means of death?

Means of Death: Not applicable, cause of death was illness/natural cause

Location / Custody Information

Where did the event causing the death occur?

Street Address: 4401 Garth Road
City: Baytown
County: Harris
Zip: 77521

What location category best describes where the event causing the death occurred?

Location Category: Other, specify

Other Location Category:

Baytown Methodist Hospital

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: County Jail

Specific type of custody/facility:

Specific Type of Custody/Facility:

Hospital/Infirmary

What was the time and date of the deceased's entry into the law enforcement facility where the death occurred (mm/dd/yyyy hh:mm AM/PM):

Entry Date Time:

Entry Date Time N/A: ✓

Where did the death occur?

Death Location: Medical facility

General Information

Did any other law enforcement agencies respond to calls for service related to this incident?

Other Agencies Respond?: Yes

What were the most serious offense(s) with which the deceased was (or would have been) charged with at the time of death?

Offense 1:

Motion to Revoke Probation - Possession of Controlled Substance - Penalty Group 1/1B - 4G<200G

Offense 2:

Offense 3:

Were the Charges:: A probation/parole violation

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Alcohol / drug offense

At any time during the incident and/or entry into the law enforcement facility, did the decedent display or use a weapon?

Decedent display/use of weapons: No

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Attempt to Injure Others?: No

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Appear intoxicated (alcohol or drugs):	No	Make suicidal statements?:	No
Exhibit any mental health problems?:	Yes	Exhibit any medical problems?:	Yes

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Barricade self or initiate standoff?:	No	Resist being handcuffed or arrested?:	No
Physically attempt/assault officer(s):	No	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	No	Escape or attempt to escape/flee custody:	No
Attempt gain possession officer's weapon:	No		

Was the deceased under restraint in the time leading up to the death or the events causing the death?

Under Restraint:	No

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

On April 30, 2026, at approximately 1932 hours, Bryant, Shila, was booked into the Chambers County Jail for a motion to revoke probation — possession of a controlled substance warrant. At the time of reception, Bryant had pre-existing medical conditions. Bryant received medical treatment throughout her incarceration for the pre-existing medical conditions that resulted in multiple visits to the local hospital. On June 24, 2026, Bryant complained of abdominal pain within the jail tank she was assigned. Bryant was transported by emergency medical services to Baytown Methodist Hospital in Baytown, Texas. After arriving at the hospital, surgery was conducted relating to the previous medical condition, and she passed away on June 25, 2026, at 0933 hours in the hospital. The cause of death is pending an autopsy.