

STATE OF ARKANSAS

ARKANSAS STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1085

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH: (a) County <u>St. Francis</u> (b) Township <u>Jalisco</u> (c) City or Town _____ Ward _____ (d) Name of Hospital or Institution _____ (If not in hospital or institution write street number or location) (e) Length of stay: in hospital or institution _____ in this community <u>54 years</u> (Specify whether years, months or days)		2. USUAL RESIDENCE OF DECEASED: (a) State <u>Arkansas</u> (b) County <u>St. Francis</u> (c) City or town <u>Forest City</u> (If outside city or town limits, write Rural Number) (d) Street No. <u>1045</u> <u>Route 1</u> (If rural, give location) (e) If foreign born, how long in U. S. A. _____ years	
3(a) FULL NAME <u>William Ellis England</u>		3(b) If veteran _____ 3(c) Social Security _____	
4 Sex <u>male</u> 5. Color or race <u>white</u> 6(a) Single, widowed, married, divorced _____		20. Date of death: Month <u>Feb</u> day <u>7th</u> year 19 <u>41</u>	
6(b) Name of husband or wife <u>Miranda Lathrop England</u> 6(c) Age of husband or wife if alive <u>63</u> years		21. I hereby certify that I attended the deceased from _____ to _____ and that death occurred on the date stated above at: <u>10:30 P. M.</u>	
7. Birth date of deceased: (Month) <u>February</u> (Day) <u>15th</u> (Year) <u>1872</u>		Immediate cause of death <u>Broncho Pneumonia</u> Date of Onset _____	
8. Age: Years <u>69</u> Months <u>11</u> Days <u>22</u> If less than one day _____		Cause <u>Influenza</u>	
9. Birthplace <u>De Soto Co. Miss.</u> (City, town, or county) (State or foreign country)		Other conditions (include pregnancy within 3 months of death)	
10. Usual occupation <u>farmer</u>		PHYSICIAN	
11. Industry or business _____		Underline the cause to which death should be charged statistically.	
12. Name <u>John England</u>		Major findings:	
13. Birthplace <u>De Soto Co. Miss.</u> (City, town, or county) (State or foreign country)		Of operations _____	
14. Maiden name <u>Francis Laughter</u>		Of autopsy _____	
15. Birthplace <u>De Soto Co. Miss.</u> (City, town, or county) (State or foreign country)		22. If death was due to external causes, fill in the following:	
16(a) Informant's own signature <u>Beverly England</u>		(a) Accident, suicide, or homicide (specify) _____	
(b) P. O. address <u>Route 1 Forest City Ark</u>		(b) Date of occurrence _____	
17(a) <u>Burial</u> (b) Date thereof <u>Feb 8 1941</u> (Month) (Day) (Year)		(c) Where did injury occur? (City or town) (County) (State)	
(c) Place: Burial or cremation <u>Hughes Cemetery</u>		(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____	
18(a) Signator of funeral director <u>Shirley Funeral Home</u>		(Specify type of place)	
(b) P. O. address <u>Forest City Ark</u>		While at work _____ (c) Manner of injury _____	
19(a) <u>6110142</u> (b) <u>W. M. Brown</u> (Registrar's signature)		23. Signature <u>Sharon M. Leinbach</u> M. D. Address <u>Forest City, Ark</u> Date signed <u>2/10/41</u>	



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

SEP 19 03

Sharon M. Leinbach
Sharon M. Leinbach
State Registrar

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