

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.

Registration District No. _____		State File No. _____	
Primary Registration District No. _____		Registrar's No. _____	
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) Name of husband or wife <u>Miranda Lathrop England</u>		6(b) Single, widowed, married <u>unmarried</u>	
6(c) Age of husband or wife if alive <u>63</u> years		7. Birth date of deceased <u>February 15th 1872</u>	
8. Age: Years <u>69</u> Months <u>11</u> Days <u>22</u> If less than one day _____			
9. Birthplace <u>De Soto Co. Miss.</u>			
10. Usual occupation <u>farmer</u>			
11. Industry or business _____			
12. Name <u>John England</u>			
13. Birthplace <u>De Soto Co. Miss.</u>			
14. Maiden name <u>Francis Laughter</u>			
15. Birthplace <u>De Soto Co. Miss.</u>			
16(a) Informant's own signature <u>Beverly England</u>			
(b) P. O. address <u>Route 1 Forest City Ark</u>			
17(a) Burial, cremation, or removal <u>burial</u>			
(b) Date thereof <u>Feb 8 1941</u>			
(c) Place: Burial or cremation <u>Hughes Cemetery</u>			
18(a) Signator of funeral director <u>Shirley Funeral Home</u>			
(b) P. O. address <u>Forest City Ark</u>			
19(a) (Data received from registrar) <u>6110142</u>			
(b) Registrar's signature <u>J. M. Leinbach</u>			
		MEDICAL CERTIFICATION	
20. Date of death: Month <u>Feb</u> day <u>7th</u> year 19 <u>41</u>		21. I hereby certify that I attended the deceased from _____ 19____	
21. I hereby certify that I attended the deceased from _____ 19____		and that death occurred on the _____ 19____	
date stated above at: <u>10:30 P. M.</u>		Immediate cause of death <u>Broncho Pneumonia</u>	
From <u>Influenza</u>		Date of Onset _____	
Other conditions _____			
(Include pregnancy within 3 months of death)			
Major findings:		PHYSICIAN	
Of operations _____		Underline the	
Of autopsy _____		cause to which	
		death should	
		be charged	
		statistically.	
22. If death was due to external causes, fill in the following:			
(a) Accident, suicide, or homicide (specify) _____			
(b) Date of occurrence _____			
(c) Where did injury occur? _____			
(City or town) _____ (County) _____ (State) _____			
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____			
(Specify type of place) _____			
While at work? _____ (e) Manner of injury _____			
23. Signature <u>J. 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
 State Registrar

WARNING:

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