

MARGIN RESERVED FOR BINDING

V. S. No. 4

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information 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. See instructions on back of certificate.

1 PLACE OF DEATH

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

County 3 Bryton Registration District No. 33 File No. 62  
 Township Washington Primary Registration District No. 5107 Registered No. \_\_\_\_\_  
 Inc. Town or City Le (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2 FULL NAME Susanah Shay  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident give city or town and State)  
 How long in U. S. if of foreign birth? yrs. mos. ds.

| PERSONAL AND STATISTICAL PARTICULARS   |                                 |   |  |  | MEDICAL CERTIFICATE OF DEATH  |  |
|--|---------------------------------|---|--|--|---|--|
| 3 SEX<br><u>Female</u>   | 4 COLOR or RACE<br><u>White</u> | 5 Single, Married, Widowed, or Divorced (write the word)<br><u>W.</u> |  |  | 16 DATE OF DEATH <u>Oct. 29</u> , 19 <u>34</u><br>Month Day Year  |  |
| 6a If married, widowed, or divorced HUSBAND of (or) WIFE of<br><u>Widow</u>  |                                 |   |  |  | 17 I HEREBY CERTIFY, That I attended deceased from <u>Aug-2</u> , 19 <u>34</u> , to <u>Oct. 29</u> , 19 <u>34</u> , that I last saw her alive on <u>Oct-29</u> , 19 <u>34</u> , and that death occurred, on the date stated above, at <u>5:00 p.m.</u> . The CAUSE OF DEATH was as follows:<br><u>Fracture Right Femur</u><br><u>Chronic Interstitial Nephritis</u> |  |
| 6 DATE OF BIRTH <u>June 18</u> , 18 <u>84</u><br>Month Day Year  |                                 |   |  |  | 7 AGE<br>Years <u>80</u> Months <u>4</u> Days <u>11</u><br>If LESS than 1 day, hrs. or mins.  |  |
| 8 OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work<br><u>Housewife</u><br>(b) General nature of industry, business or establishment in which employed (or employer)<br>(c) Name of employer |                                 |   |  |  | CONTRIBUTORY (Secondary)<br><u>Fracture</u> (duration) yrs. <u>3</u> mos. ds.   |  |
| 9 BIRTHPLACE (city or town) (State or country)<br><u>Indiana</u>   |                                 |   |  |  | 18 Where was disease contracted if not at place of death?<br><u>Home</u>  |  |
| 10 NAME OF FATHER<br><u>Commis</u>   |                                 |   |  |  | Did an operation precede death? <u>No</u> Date of _____   |  |
| 11 BIRTHPLACE OF FATHER (city or town) (State or country)<br><u>X</u>  |                                 |   |  |  | Was there an autopsy? <u>No</u>   |  |
| 12 MAIDEN NAME OF MOTHER<br><u>X</u>   |                                 |   |  |  | What test confirmed diagnosis?<br>(Signed) <u>A. G. Henry</u> , M. D.<br><u>Oct-29</u> , 19 <u>34</u> (Address) <u>Springdale, Ark</u>  |  |
| 13 BIRTHPLACE OF MOTHER (city or town) (State or country)<br><u>X</u>  |                                 |   |  |  | * State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)   |  |
| 14 Informant <u>Mrs. J. A. McFeters</u><br>(Address) <u>Levell Ark Rd. Box 3.</u>  |                                 |   |  |  | 19. PLACE OF BURIAL, CREMATION, or REMOVAL<br><u>Ava Okla</u> DATE OF BURIAL <u>11/5</u> 19 <u>34</u>   |  |
| 15 Filed <u>10-29-1934</u> <u>H. C. Manley</u><br>Registrar  |                                 |   |  |  | 20 UNDERTAKER<br><u>J. D. Bryant</u> ADDRESS <u>Rogers</u>  |  |
| Burial or Transit Permit issued by _____   |                                 |   |  |  | Date of Issue _____   |  |

THIS IS TO CERTIFY, That the above is an exact reproduction of the original record on file in this office and of which I am legal custodian. Witness my hand and seal of the Arkansas Department of Health at Little Rock, Arkansas. (Copy not legal if it does not have raised seal).

*Henry C. Robinson Jr.*  
State Registrar

Date N 28 1934