

STATE OF ARKANSAS

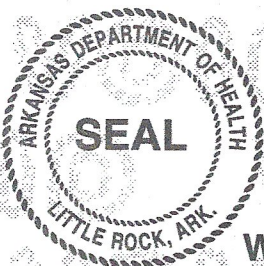
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. 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			STATE OF ARKANSAS STATE BOARD OF HEALTH Bureau of Vital Statistics CERTIFICATE OF DEATH	
County	<u>Jefferson</u>	Registration District No.	<u>311</u>	File No. <u>411</u>
Township	<u>Boone</u>	Primary Registration District No.		Registered No.
Inc. Town		(No. St. Ward)		
City	<u>Little Rock</u>			
2 FULL NAME <u>Mrs E R Marion</u>			If death occurred in a hospital or institution, give the NAME instead of street and number.	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Widowed</u> (Write the word)	16. DATE OF DEATH <u>Dec 19th</u> 191 <u>4</u> Month Day Year	
6. DATE OF BIRTH <u>1886</u> Month Day Year			17. I HEREBY CERTIFY That I attended the deceased from <u>Oct 5</u> , 191 <u>4</u> , to <u>Dec 19</u> , 191 <u>4</u> , that I last saw her alive on <u>Dec 19</u> , 191 <u>4</u> , and that death occurred on the date stated above, <u>Dec 19</u> , 191 <u>4</u> .	
7. AGE <u>29</u> yrs. <u>19</u> mos. <u>19</u> ds. or min?			The CAUSE OF DEATH * was as follows: <u>Chronic Nephritis</u>	
8. OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)			Duration <u>2</u> yrs. <u>0</u> mos. <u>0</u> ds. Contributory SECONDARY <u>Obstruction of Heart</u>	
9. BIRTHPLACE (State or Country) <u>Miss</u>			Signed <u>E. R. Marion</u> M.D. Date <u>Dec 19</u> , 191 <u>4</u> Address <u>Little Rock</u>	
PARENTS	10. NAME OF FATHER <u>John McGowan</u>	Duration <u>3</u> yrs. <u>0</u> mos. <u>0</u> ds.		
	11. BIRTHPLACE OF FATHER (State or Country) <u>North Carolina</u>	State the DISHONORABLE CAUSE, or, in death from VIOLENT CAUSE, state (1) MANNER OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.		
	12. MAIDEN NAME OF MOTHER <u>Don't Know</u>	18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At Place of death <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds. In the State <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.		
13. BIRTHPLACE OF MOTHER (State or Country) <u>00</u> <u>00</u>			Where was disease contracted, if not at place of death? Former or usual residence	
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Ben Sandford</u> (Address) <u>Little Rock</u>				
15. Filed <u>Dec 19</u> 191 <u>4</u> <u>W. F. Lawrence</u> REGISTRAR			19. PLACE OF BURIAL OR REMOVAL <u>Meat Market</u> DATE OF REMOVAL <u>12/19/1914</u>	
			20. UNDERTAKER <u>Ralph Robinson</u> ADDRESS <u>Little Rock</u>	

Form V. S. No. 4-100m-10-8-13.



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

May 6, 2016

Shirley Louie
Shirley Louie
State Registrar

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