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.
County Jefferson
Township Dagins
Inc. Town
City Pine Bluff

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

Registration District No. 311
Primary Registration District No.
(No. St.; Ward)

Blackwell 411
File No.
Registered No.

2 FULL NAME Mrs E R Marion

If death occurred in a hospital or institution, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed
6. DATE OF BIRTH: Month — Day — Year 1836
7. AGE: 79 yrs. mos. ds. If LESS than 1 day, hrs. or min?
8. OCCUPATION (a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
9. BIRTHPLACE (State or Country): Miss

PARENTS
10. NAME OF FATHER: John McCauley
11. BIRTHPLACE OF FATHER (State or Country): North Carolina
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ben Sandford
(Address) Pine Bluff

15. Filed Dec 19 1914 W. F. Town. Registrar

Form V. S. No. 4—100m—10-8-13.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec 19th, 1914 (Month, Day, Year)

17. I HEREBY CERTIFY That I attended the deceased from Oct 5, 1914, to Dec 19, 1914, that I last saw her alive on Dec 19 1914, and that death occurred on the date stated above, 12 35 m.

The CAUSE OF DEATH * was as follows:
Chronic Nephritis
Duration 2 yrs. mos. ds.
Contributory Secondary: Dilatation - Heart
Duration yrs. 3 mos. ds.

Signed E. E. Blackwell M. D.
Dec 19, 1914 Address City

*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At Place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Merbit Miss — DATE OF REMOVAL: 12/19 1914
20. UNDERTAKER: Ralph Robinson — ADDRESS: Pine Bluff

ARKANSAS DEPARTMENT OF HEALTH
SEAL
LITTLE ROCK, ARK.

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

Shirley Louie
May 6, 2016
Shirley Louie
State Registrar

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THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER WITH ...