

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

11665

Registration District No. 238

Primary Registration District No. 3837

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ark</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>Pocahontas</u>)		c. LENGTH OF STAY (In this place) <u>2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>Pocahontas</u>)		d. STREET ADDRESS (If rural, give location) <u>NOV 16 1955</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 25 1955</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Robert</u>	c. (Last) <u>Ellis</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan 25, 1873</u>	9. AGE (in years last birthday) <u>82</u>	If Under 1 Year Months <u>9</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Ellis</u>			14. MOTHER'S MAIDEN NAME <u>Dollie King</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Cecil Ellis (son)</u>		<u>153X</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Colon</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1954</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While At <input type="checkbox"/> Not While At <input type="checkbox"/> Work <input type="checkbox"/> Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>6-6</u> 19 <u>55</u> TO <u>10/25</u> 19 <u>55</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>10-25</u> 19 <u>55</u> AND THAT DEATH OCCURRED AT <u>9:00</u> A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23a. SIGNATURE <u>M. A. Balz M.D.</u> (Degree or Title)		23b. ADDRESS <u>Pocahontas, Ark.</u>		23c. DATE SIGNED <u>11/7/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/27/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Pollard, Ark</u>		
DATE REC'D BY LOCAL REG. <u>11-7-1955</u>	REGISTRAR'S SIGNATURE <u>H. G. McNabb</u>	25. FUNERAL DIRECTOR ADDRESS <u>Russell-Ermert Fun Home, Corning, Ark</u>			