

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	
County <u>Carroll</u>		Bureau of Vital Statistics	
Township <u>Cedar</u>		CERTIFICATE OF DEATH	
Inc. Town or City <u>Eureka Springs</u>		Registration District No. <u>68</u>	File No. <u>109</u>
(No. <u>Mill Hollow</u>)		Primary Registration District No. <u>2037</u>	Registered No. _____
2 FULL NAME <u>Eliza Jane Schuster</u>		St. <u>3</u>	Ward) _____
(a) Residence. No. <u>Mill Hollow</u>		If death occurred in a hospital or institution, give its NAME instead of street and number.	
(Usual place of abode)		(If nonresident give city or town and State)	
Length of residence in city or town where death occurred		yrs.	mos.
		ds.	How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Female</u>	4 COLOR or RACE <u>White</u>	5 Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>	
6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6 DATE OF BIRTH <u>Dec 31</u> - <u>1849</u>			
Month Day Year			
7 AGE <u>81</u> Years	Months	Days <u>23</u>	If LESS than 1 day..... hrs. or..... min.
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>housewife</u>			
(b) General nature of industry, business or establishment in which employed (or employer)			
(c) Name of employer			
9 BIRTHPLACE (city or town) <u>Bell City</u>			
(State or country) <u>Illinois</u>			
10 NAME OF FATHER <u>J. H. Mundy</u>			
11 BIRTHPLACE OF FATHER (city or town) <u>Unknown</u>			
(State or country)			
12 MAIDEN NAME OF MOTHER <u>Unknown</u>			
13 BIRTHPLACE OF MOTHER (city or town) <u>Unknown</u>			
(State or country)			
14 Informant <u>Ed. Schuster</u>			
(Address) <u>Eureka Springs, Ark.</u>			
15 Filed <u>1/29, 1931</u> <u>Sarah Setzer</u>			
Registrar			
19. PLACE OF BURIAL, CREMATION, or REMOVAL <u>1005 Elmwood city</u>			
DATE OF BURIAL <u>Jan 25 1931</u>			
20 UNDERTAKER <u>Blockson-Newton and Co</u>			
ADDRESS <u>Eureka Spgs Ark</u>			
Burial or Transit Permit issued by <u>Sarah Setzer</u> Date of issue <u>January 29 1931</u>			

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 23, 1931

Month Day Year

17 I HEREBY CERTIFY, That I attended deceased from Jan 20 1931 to Jan 20 1931 that I last saw him alive on Jan 20 1931

and that death occurred, on the date stated above, at 7 P. M., The CAUSE OF DEATH was as follows:

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.)

Ascending Paralysis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of _____

What operation performed?

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Webb, M. D.

Jan 25 1931 (Address) Eureka Springs

19. PLACE OF BURIAL, CREMATION, or REMOVAL

DATE OF BURIAL

1005 Elmwood city Jan 25 1931

20 UNDERTAKER

ADDRESS

Blockson-Newton and Co Eureka Spgs

Date of issue January 29 1931