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.

STATE OF ARKANSAS

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1691

1 PLACE OF DEATH.

County Conrad

Township Cedar

Inc. Town

City Eureka Springs (No. Bear, Mill St.; 1 Ward)

Registration District No. 68

Primary Registration District No.

File No.

Registered No. 76

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

2 FULL NAME Jessie Johnston

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~ (Write the word): Single

6. DATE OF BIRTH: April (Month) 30 (Day) 1892 (Year)

7. AGE: 22 yrs. 7 mos. 7 ds. If LESS than 1 day, ____ hrs. or ____ min?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Cave Rock Ark.

PARENTS

10. NAME OF FATHER: J. A. Johnston

11. BIRTHPLACE OF FATHER (State or Country): Illinois.

12. MAIDEN NAME OF MOTHER: Olga Monday

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. J. Johnston

(Address) Eureka Springs Ark.

15. Filed, DEC 6 1914 — [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 5 (Day), 1914 (Year)

17 I HEREBY CERTIFY That I attended the deceased from 1912, 191__, to 1914, 191__, that I last saw her alive on Oct 28 1914, and that death occurred on the date stated above, at 2 a. m.

The CAUSE OF DEATH * was as follows:

Organic Heart Trouble

Duration ____ yrs. ____ mos. ____ ds.

Contributory SECONDARY

Duration ____ yrs. ____ mos. ____ ds.

Signed A. E. Patterson, M. D.

Dec 6, 1914 Address Eureka Springs Ark

*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: Odd Fellows Cem — DATE OF REMOVAL: ____, 191__

20. UNDERTAKER: Blackmon Newton — ADDRESS: Eureka Springs

Form V. S. No. 4—100m—10-3-13.