#6827

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

State File No. 863

Registration District No. 529

Primary Registration District No. 2313

Registrar's No. 674

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH 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.

Form V8-4½—25M—9-41—77469—C.-M.

1. PLACE OF DEATH:
(a) County Pulaski
(b) Township Big Rock
(c) City or Town Little Rock Ward
(d) Name of Hospital or Institution State Hospital
(If not in hospital or institution write street number or location)
(e) Length of stay: In hospital or institution 5 m 5 dy
(Specify whether years, months or days)
In this community
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ark (b) County Benton
(c) City or town Rogers
(If outside city or town limits, write Rural Number)
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

42D

3(a) FULL NAME Wm. Preston Townsend

3(b) If veteran, name war
3(c) Social Security No. None

4. Sex M
5. Color or race Cau
6(a) Single, widowed, married, divorced D

6(b) Name of husband or wife
6(c) Age of husband or wife if alive years
7. Birth date of deceased March 11 (Month) 11 (Day) 1863 (Year)

8. Age: 79 Years 1 Months 21 Days If less than one day hr. min.

9. Birthplace Huntington (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Painter
11. Industry or business

FATHER
12. Name George Townsend
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Amanda Townsend
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16(a) Informant's own signature State Hospital Records
(b) P. O. address Little Rock, Ark.
17(a) Removal (Burial, cremation, or removal) (b) Date thereof 5/2/1942 (Month) (Day) (Year)
(c) Place: Burial or cremation Rogers, Ark
18(a) Signature of funeral director
(b) P. O. address
19(a) MAY 7 1942 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month May day 2 year 1942
21. I hereby certify that I attended the deceased from April 13, 1942, to May 2, 1942; that I last saw him alive on May 1, 1942, and that death occurred on the date stated above at 1:45 A.M.

Immediate cause of death Hypertension Heart Disease with Congestive Failure
Due to
Other conditions Prostatic Hypertrophy Hydronephrosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Date of Onset

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. Chisholm M. D.
Address Little Rock, Ark. Date signed 5/11/42