

ARKANSAS STATE BOARD OF HEALTH

Certificate of Death

Registration District No. 418 421

Primary Registration District No. 22506267

STATE FILE NO.

15502

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Arkansas		b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Luxora Rt 1		c. LENGTH OF RESIDENCE (In this place) 31 years		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Luxora	
3. FULL NAME OF HOSPITAL OR INSTITUTION Rural		d. STREET ADDRESS Rt 1		4. DATE OF DEATH (Month) (Day) (Year) Dec 26 1951	
5. NAME OF DECEASED (Type or Print) a. (First) James Madison		b. (Middle) Cole		c. (Last)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOW, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 18 1865	9. AGE (In years last birthday) 86	10. If Under 1 Year: Months 9 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Tennessee	
12. FATHER'S NAME Mark Cole		13. MOTHER'S MAIDEN NAME Unobtainable		14. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give unit or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT	

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, asthma, etc. It means the disease, injury or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH H92
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Died with out medical attention from history given probably virus pneumonia		
	ANTECEDENT CAUSES Marked condition, if any, giving rise to the above cause (a) stating the underlying cause last.		
	11. OTHER SIGNIFICANT CONDITIONS Condition contributing to death but not related to the disease or condition causing death.		
19. DATE OF AUTOPSY	20. MAJOR FINDINGS OF AUTOPSY		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21. ACCIDENT (Specify)	22. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	23. (CITY, TOWN, OR TOWNSHIP) Blytheville Arkansas	(COUNTY)	(STATE)
24. TIME (Month) (Day) (Year) OF INJURY	25. TIME OF OCCURRENCE a. While at Work <input type="checkbox"/> b. Not While at Work <input type="checkbox"/>	26. HOW DID INJURY OCCUR?		

27. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____, THAT I LAST SAW THE DECEASED _____ 19____, AND THAT DEATH OCCURRED AT _____ 19____ FROM THE CAUSES AND ON THE DATE STATED ABOVE.

28. SIGNATURE [Signature] Coroner	29. ADDRESS Blytheville Arkansas	30. DATE SIGNED 12 27 1951
31. DATE Dec 27 1951	32. NAME OF CEMETERY OR CREMATORY Sandy Ridge	33. LOCATION (City, town, or county) (State) Burdette Ark
34. FUNERAL HOME Holt Funeral Home Blytheville Ark	35. ADDRESS [Signature]	

36. BY LOCAL HEALTH OFFICER
1-29-52

37. REGISTER'S SIGNATURE
[Signature]