

## 1 PLACE OF DEATH

ARKANSAS STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

829

County Mississippi  
 Township Chickasaw Registration District No. 478 File No. \_\_\_\_\_  
 Inc. Town or City Arnold, Ark (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward) Primary Registration District No. 6270 Registered No. \_\_\_\_\_

2 FULL NAME Mrs Clara Sally Coates  
 (a) Residence No. Scott Farm St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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.

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR or RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of J. R. Coates

6 DATE OF BIRTH 1890  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

7 AGE 38  
 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housekeeper  
 (b) General nature of industry, business or establishment in which employed (or employer) X  
 (c) Name of employer X

9 BIRTHPLACE (city or town) Tennessee  
 (State or country)

10 NAME OF FATHER Deal

11 BIRTHPLACE OF FATHER (city or town) X  
 (State or country) X

12 MAIDEN NAME OF MOTHER Caroline Smith

13 BIRTHPLACE OF MOTHER (city or town) Tennessee  
 (State or country)

14 Informant J. R. Coates  
 (Address) J. Arnold, Ark

15 Filed 9/30 1928 R. L. Lewis  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH September 30, 1928  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_ that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred, on the date stated above, at 1:00 Am.  
 The CAUSE OF DEATH\* was as follows:

Acute Myocarditis

(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) W. M. Owen M. D.  
10-24-28 (Address) Arnold, Ark.

\* 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.)

18. PLACE OF BURIAL, CREMATION, or REMOVAL Holliday, Tennessee DATE OF BURIAL October 1, 1928

19 UNDERTAKER Bytheville Undertaking Co., Inc. ADDRESS Bytheville, Ark.

Burial or Transit Permit issued by \_\_\_\_\_ Date of issue \_\_\_\_\_

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.