MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Information should be carefully supplied. AGE, PLACE OF BIRTH, and
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement
is very important. See instructions on back of certificate.

V. S. No. 6

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

Do not use this space
562

Registration District No. 236
Primary Registration District No. 2767 File No.

(No. St.; Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

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.

2. FULL NAME Charles Edward Perdood

(a) Residence: No. Emerald ave St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mirabella Perdood

6. DATE OF BIRTH: August 30, 1875 (Month, Day, Year)

7. AGE: Years 58; Months; Days 7; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

PARENTS

12. BIRTHPLACE (city or town) (State or country): ark

13. NAME OF FATHER: Henry Hardwood

14. BIRTHPLACE OF FATHER (city or town) (State or country): ark

15. MAIDEN NAME OF MOTHER: Mattie Hardwood

16. BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown Ark

17. INFORMANT (Address): Lum Hardwood Hope Ark

18. BURIAL, CREMATION, OR REMOVAL: Place Walnut Grove Date 12/9, 1933

19. UNDERTAKER (Address): L T Jernudon Hope ark

20. Filed 12-11-1933 Dan Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 9, 1933 (Month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1933 to Dec 9, 1933

I last saw him alive on Dec 9, 1933, death is said to have occurred on the date stated above, at 1 1/4 a m.

The principal cause of death, and related causes of importance were as follows:

	Date of onset
Atrophic cirrhosis of liver - with ascites	
12 4	

Other contributary causes of importance:

Old age	

Name of operation none Date of —

What test confirmed diagnosis — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T E Cannon, M. D.

(Address) Hope. Ark.