WRITE PLAINLY WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

CERTIFICATE NOT LEGAL UNLESS IT BEARS STATE SEAL AND SIGNATURE OF STATE REGISTRAR

FORM VS-2
200M—12-67—1226—PP&SCo

Certificate Number 106

Registration District No. 30

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

'69 019005

1. PLACE OF DEATH — A. COUNTY: HEMPSTEA DEC 23 1969 — B. CITY, TOWN, OR LOCATION: HOPE — C. INSIDE CITY LIMITS? YES ☑ NO ☐ — D. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL, GIVE STREET ADDRESS): MEMORIAL HOSPITAL

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RES. BEFORE ADM.) — A. STATE: ARKANSAS — B. COUNTY: HEMPSTEAD — C. CITY, TOWN, OR LOCATION: WASHINGTON — D. INSIDE CITY LIMITS? YES ☑ NO ☐ — E. STREET ADDRESS:

3. NAME OF DECEASED (TYPE OR PRINT): FIRST JAMES — MIDDLE M — LAST NORWOOD

4. DATE OF DEATH: MONTH DEC — DAY 7 — YEAR 1969 — HOUR 8:45 A.M.

5. SEX: MALE — 6. COLOR OR RACE: WHITE — 7. SOCIAL SECURITY NUMBER: UNKNOWN — 8. DATE OF BIRTH: OCT 11 1889 — 9. AGE (IN YRS. LAST BIRTHDAY): 80 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HOURS: HOURS / MIN.

10A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): FARMER — 10B. KIND OF BUSINESS OR INDUSTRY: FARM — 11. BIRTHPLACE (STATE OR FOREIGN COUNTRY): ARKANSAS — 12. CITIZEN OF WHAT COUNTRY?: USA

13. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ — 14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):

15. FATHER — NAME: HENRY LEWIS NORWOOD — 16. MOTHER — MAIDEN NAME: BELLE NELSON

17A. INFORMANT — NAME: KATE NORWOOD — 17B. MAILING ADDRESS (STREET OR R.F.D. No., CITY OR TOWN, STATE, ZIP): WASHINGTON ARK

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE
(A) Acute Myocardial Infarct and Cardiac Arrest — 20 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Coronary Ht. Dis. 250.9 — 6 yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(C) Diabetes Mellitus, uncontrolled

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) Amputated Left leg — Acute & Chronic Gastric Ulcer — AUTOPSY (YES OR NO) 19A. — IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 19B.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20A. — DATE OF INJURY (MONTH, DAY, YEAR) 20B. — HOUR 20C. — HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20D.

INJURY AT WORK (SPECIFY YES OR NO) 20E. — PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. SPECIFY) 20F. — LOCATION (STREET OR R.F.D. No., CITY OR TOWN, STATE) 20G.

CERTIFIER

CERTIFICATION—PHYSICIAN: I ATTENDED THE 21A. DECEASED FROM MONTH 11 DAY 18 YEAR 69 TO 21B. MONTH 12 DAY 7 YEAR 69 — AND LAST SAW HIM/HER ALIVE ON 21C. MONTH 12 DAY 7 YEAR 69 — I DID/DID NOT VIEW THE BODY AFTER DEATH 21D. Did — DEATH OCCURRED (HOUR) 21E. 8:45 A.M. — AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22A. — HOUR OF DEATH 8:45 A.M. — THE DECEDENT WAS PRONOUNCED DEAD 22B. MONTH 12 DA. 7 YEAR 69 HOUR M.

SIGNATURE — DEGREE OR TITLE 23A. G.H. Wright MD — CERTIFIER—NAME (TYPE OR PRINT) 23B. G.H. Wright, MD — DATE SIGNED (MONTH, DAY, YEAR) 23C. 12/12/69

MAILING ADDRESS—CERTIFIER — STREET OR R.F.D. No. P.O. Box H. — CITY OR TOWN Hope — STATE Ark — ZIP 71801 (23D.)

BURIAL, CREMATION, REMOVAL (SPECIFY) 24A. Burial — CEMETERY OR CREMATORY—NAME 24B. Washington — LOCATION 24C. CITY OR TOWN Washington — STATE Ark.

DATE (MONTH, DAY, YEAR) 24D. Dec. 9-1969 — FUNERAL DIRECTOR—SIGNATURE AND ADDRESS 25. O.D. Smith — (STREET OR R.F.D. No., CITY OR TOWN, STATE, ZIP) Stamps Ark

26. EMBALMER—SIGNATURE (IF BODY EMBALMED) Jack Stanley — LICENSE NUMBER 546 — 27. DATE REC'D BY LOCAL REG. 12-17-69 — 28. REGISTRAR'S SIGNATURE Opie Turner