

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.

1 PLACE OF DEATH		ARKANSAS STATE BOARD OF HEALTH	
County <u>Washington</u>		Bureau of Vital Statistics	
Township _____		CERTIFICATE OF DEATH	
Registration District No. <u>638</u>		File No. <u>1653</u>	
Primary Registration District No. <u>6993</u>		Registered No. _____	
Inc. Town or City <u>Springdale</u>		St. _____ Ward _____	
2 FULL NAME <u>Robert S. Norton</u>		If death occurred in a hospital or institution, give its NAME instead of street and number.	
(a) Residence. No. _____ St. _____ Ward _____		(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.	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>male</u>	4 COLOR or RACE <u>W</u>	5 Single, Married, Widowed, or Divorced (write the word) <u>married</u>	
6a If married, widowed, or divorced HUSBAND of <u>Caroline W Norton</u> (or) WIFE of _____			
6 DATE OF BIRTH <u>Sept</u> <u>8</u> <u>1841</u> Month Day Year			
7 AGE <u>84</u> Years	<u>6</u> Month	<u>2</u> Days	If LESS than 1 day, .... hrs. or .... min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer			
9 BIRTHPLACE (city or town) <u>Eden City</u> (State or country) <u>Scott County Virginia</u>			
10 NAME OF FATHER <u>Thomas Norton</u>			
11 BIRTHPLACE OF FATHER (city or town) <u>Scott County Virginia</u> (State or country) <u>Scott County Virginia</u>			
12 MAIDEN NAME OF MOTHER <u>Martha Wilson</u>			
13 BIRTHPLACE OF MOTHER (city or town) <u>Russell County Virginia</u> (State or country) <u>Russell County Virginia</u>			
14 Informant <u>Mrs E S Norton</u> (Address) _____			
15 Filed <u>6/24</u> 19 <u>26</u> <u>J. E. Martin</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH <u>3</u> <u>10</u> <u>26</u> Month Day Year			
17 I HEREBY CERTIFY, That I attended deceased from <u>Mar 1</u> <u>1926</u> to <u>Mar 10</u> <u>1926</u> that I last saw him alive on <u>Mar 10</u> <u>1926</u> and that death occurred, on the date stated above, at <u>4 P</u> m. The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> <u>129</u> (duration) yrs. ____ mos. <u>10</u> ds.			
CONTRIBUTORY (Secondary) _____ (duration) yrs. ____ mos. ____ ds.			
18 Where was disease contracted If not at place of death? _____			
Did an operation precede death? <u>No</u> Date of <u>V</u>			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u>Pathology</u>			
(Signed) <u>A. J. [Signature]</u> M. D.			
(Address) <u>Springdale</u>			
* 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.)			
19. PLACE OF BURIAL, CREMATION, or REMOVAL <u>Blue Hill Cem</u>		DATE OF BURIAL <u>3-11</u> 19 <u>26</u>	
20 UNDERTAKER <u>Nix-Cullison</u>		ADDRESS _____	

Burial or Transit

Permit issued by \_\_\_\_\_

Date of issue \_\_\_\_\_