

Registration District No. **529**
 Primary Registration District No. **2313**

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

'58 15951

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Arkansas	
b. CITY, TOWN, OR LOCATION Little Rock		b. COUNTY Pulaski	
c. NAME OF HOSPITAL OR INSTITUTION St. Vincent Infirmary		c. CITY, TOWN, OR LOCATION Little Rock	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Vincent Infirmary		d. STREET ADDRESS Rt e #3, Box 487	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Erwin Dewey Blakney			4. DATE OF DEATH Month Day Year December 3, 1958
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-14-1898
9. AGE (In years last birthday) 60		10. If Under 1 Year Months Days 4 19	10. If Under 24 Hours Hours Min.
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) Comptroller-Corps of Eng.		10b. Kind of Business or Industry 	11. BIRTHPLACE (State or foreign country) Burnsville, Mississippi
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John Blakney	
14. MOTHER'S MAIDEN NAME Frances Gross		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 	
16. Social Security No. 		17. INFORMANT Mrs. Martha Blakney, Little Rock, Ark.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ant. myocardial infarction		11 days
DUE TO (c) 		420.1
PART II. OTHER SIGNIFICANT CONDITIONS Contributing to Death but Not Related to the Terminal Disease Condition Given in Part I (a) Gastritis, chr., intermittent. Hiatal hernia, chr.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 		
20c. TIME OF INJURY Hour a.m. p.m. 	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 	20e. CITY, TOWN, OR LOCATION 	20f. COUNTY
20g. STATE 	20h. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK AT WORK		

21. I attended the deceased from **11/21/58** to **12/3/58** and last saw him alive on **12/3/58**
 Death occurred at **9:15 A. M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Ellmore, M.D.	(Degree or title)	22b. ADDRESS 1710 W. 10th Little Rock, Ark.	22c. DATE SIGNED 12-11-58
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23a. Burial, Cremation, Removal (Specify) Burial	23b. DATE 12/5/58	23c. NAME OF CEMETERY OR CREMATORY Pinecrest Memorial Park	23d. LOCATION (City, town, or county) (State) Little Rock, Arkansas
24. FUNERAL DIRECTOR Wm. J. Aggett	ADDRESS Little Rock, Arkansas	25. DATE RECD. by LOCAL REG. 12-16-58	REGISTRAR'S SIGNATURE Wm. J. Aggett
		DEPUTY REGISTRAR 	

3197

Form VS-4M-50M-5-58-141976-C-McB.

1956 REVISION OF STANDARD CERTIFICATE

Margin Reserved for Finding

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

MEDICAL CERTIFICATION