

Death Certificate

Charles Henry Smith

Born: June 07, 1861 at Hamilton County, Illinois

Died: October 07, 1925 at Greene County, Arkansas

Burial: Linwood Cemetery, Greene County, Arkansas

Certificate of Death - Arkansas State Board of Health

STATE OF ARKANSAS	
ARKANSAS STATE BOARD OF HEALTH Bureau of Vital Statistics CERTIFICATE OF DEATH	
1 PLACE OF DEATH County <u>Greene</u> Registration District No. <u>217</u> File No. <u>344</u> Township <u>Clark</u> Primary Registration District No. <u>2142</u> Registered No. _____ Inc. Town <u>Paragould</u> (No. _____) St. _____ Ward _____ City _____	
2 FULL NAME <u>Charles H. Smith</u> (a) Residence, No. _____ 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.	
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX <u>Male</u>	4 COLOR or RACE <u>White</u>
5 Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a If married, widowed, or divorced HUSBAND or WIFE of <u>Mrs. Mary Smith</u>	
6 DATE OF BIRTH _____ Month _____ Day _____ Year _____	
7 AGE _____ Year _____ Months _____ Days _____ If LESS than 1 day, hrs. _____ min. _____	
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Carpenter</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____	
9 BIRTHPLACE (city or town) _____ (State or country) _____	
10 NAME OF FATHER <u>Robert Smith</u>	
11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) _____	
12 MAIDEN NAME OF MOTHER <u>Cox</u>	
13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) _____	
14 Informant <u>Robt. L. Smith</u> (Address) <u>Paragould, Ark.</u>	
15 Filed <u>11-10-1925</u> <u>H. H. Patton</u> Registrar	
MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH <u>Oct 7 1925</u> Month _____ Day _____ Year _____	
17 I HEREBY CERTIFY, That I attended deceased from _____ that I last saw him alive on _____ and that death occurred, on the date stated above, at _____ The CAUSE OF DEATH* was as follows: <u>Tuberculosis</u> (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 _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) <u>R. H. Haley</u> M. D. <u>Oct 8 1925</u> (Address) <u>Linwood Cem</u>	
19. PLACE OF BURIAL, CREMATION, or REMOVAL _____ DATE OF BURIAL _____ 20. UNDERTAKER <u>Linwood Cem</u> ADDRESS _____ <u>Mitchell & Wyatt Paragould</u>	
Burial or Transit Permit issued by _____ Date of issue _____	
THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.	
JAN 26 00 William G. Adams State Registrar	
WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.	
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