

Death Certificate

Mary Marguerite Dollar Smith

Born: February 18, 1856 at Jefferson County, Illinois

Died: February 10, 1931 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> Township <u>Clark</u>		Registration District No. <u>241</u>	File No. <u>413</u>
Inc. Town or City <u>Paragould Ark</u>		Primary-Registration District No. <u>2145</u>	Registered No. <u>662</u>
2 FULL NAME <u>Mrs Mary Marguerite Smith</u>		St. _____	Ward _____
(a) Residence. No. _____		St. _____	Ward _____
(1) (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 at foreign birth yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Female</u>	4 COLOR or RACE <u>White</u>	5 Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>	
6a If married, widowed, or divorced (or) WIFE of <u>Charles Smith</u>			
6 DATE OF BIRTH <u>Feb 18 1856</u>			
7 AGE	Years <u>67</u>	Months <u>11</u>	Days <u>22</u>
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House duties</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) <u>Ill</u>			
10 NAME OF FATHER <u>Gov Dollar</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Ill</u>			
12 MARRIED NAME OF MOTHER:			
13 BIRTHPLACE OF MOTHER (city or town) (State or country):			
14 Informant (Address) _____			
15 Filed <u>2-10-31</u> <u>Rue Turner</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH <u>Feb 10 1931</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 15 1931</u> to <u>Feb 10 1931</u> that I last saw her alive on <u>2-9-31</u> and that death occurred, on the date stated above, at <u>1233 Am.</u> The CAUSE OF DEATH was as follows: State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.) <u>Chronic Bronchitis and Mitral Regurgitation</u>			
CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.			
18 Where was disease contracted if not at place of death?			
Did an operation precede death? _____ Date of _____			
What operation performed? _____			
Was there an autopsy? _____			
What test confirmed diagnosis? _____			
(Signed) <u>D. Hopkins</u> M. D.			
<u>2-12 1931</u> (Address) <u>Paragould</u>			
19. PLACE OF BURIAL, CREMATION, or REMOVAL <u>Linwood Cem</u>			DATE OF BURIAL <u>2-11 1931</u>
20 UNDERTAKER <u>Wendell L. Mitchell</u> ADDRESS <u>Paragould Ark</u>			
Burial or Transit _____		Permit issued by _____ Date of issue _____	

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.

WARD 11 RETURNED FOR MISSING



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

JAN 26 00

William G. Adams
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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