

Registration District No. <u>175</u>		BUREAU OF VITAL STATISTICS		ARKANSAS STATE BOARD OF HEALTH	
Primary Registration District No. <u>3262</u>		Bureau of Vital Statistics		CERTIFICATE OF DEATH '58 <u>004410</u>	
1. PLACE OF DEATH a. COUNTY <u>Cross</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Cross</u>		
b. CITY, TOWN, OR LOCATION <u>Parkin</u>		c. Length of Stay in 1b	c. CITY, TOWN, OR LOCATION <u>Parkin</u>		d. STREET ADDRESS
d. NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
e. IS PLACE OF DEATH 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 of print) First <u>Harry</u> Middle <u>L.</u> Last <u>Kelley</u>			4. DATE OF DEATH Month <u>March</u> Day <u>23</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 13, 1906</u>	9. AGE (In years last birthday) <u>52</u>	If Under 1 Year Months <u> </u> Days <u> </u>
10. Usual Occupation (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) <u>Parkin, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Alfred Kelley</u>			14. MOTHER'S MAIDEN NAME <u>Bertha Coldren</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. Social Security No.	17. INFORMANT <u>Mrs. Harry Kelley</u>		Address <u>Parkin, Arkansas</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u> </u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>201 X</u>
PART II. OTHER SIGNIFICANT CONDITIONS Contributing to Death but Not Related to the Terminal Disease Condition Given in Part I(a)					19. WAS AUTOPSY PERFORMED? YES <input 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 <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a.m. <u> </u> p.m. <u> </u>					
20d. INJURY OCCURRED WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from <u> </u> to <u> </u> and last saw him alive on <u> </u> Death occurred at <u> </u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u> </u> (Degree or title)			22b. ADDRESS <u> </u>		22c. DATE SIGNED <u> </u>
23a. Burial, Cremation, Removal (Specify) <u>Burial</u>	23b. DATE <u>March 25, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cogbill Cemetery</u>	23d. LOCATION (City, town, or county) <u>Wynne</u>	STATE <u>Arkansas</u>	
24. FUNERAL DIRECTOR <u>Citizens F. H. West Memphis, Ark.</u>			25. DATE RECD. by LOCAL REG. <u>3-27-58</u>	26. REGISTRAR'S SIGNATURE <u> </u>	