

1. PLACE OF DEATH

County

Civil Dis.

Village or

City or

Registration District No.

Primary Registration District No.

(No. 94 St. Joseph's Hospital St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. da.File No. 637Reg. No. 766
If a War Veteran,
fill out blank below.NON RESIDENT
00,000

04-200

(Give War and Military Organization)

West Memphis, Ark. 04

(If nonresident give city or town and State)

2. FULL NAME GEORGE WASHINGTON MERRITT(a) Residence: No. St. 94 Ward. West Memphis, Ark. 04

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M / W / M
4. COLOR OR RACE W / /
5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) M5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 4-14-18807. AGE Years Months Days If LESS than
57 1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Manager 239. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Southern Compress Co. 0410. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) N. J. 250
How long in U. S. if of foreign birth? yrs. mos. da.13. NAME Unknown14. BIRTHPLACE (city or town)
(State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town)
(State or country) 17. INFORMANT Mrs. G. W. Merritt
(Address) West Memphis, Ark.18. BURIAL, CREMATION, OR REMOVAL
Place Memorial Park Date 2-22 19. 3819. UNDERTAKER National Funeral Home
(Address)20. FILED 3-3 19. 38 L.M. L. name
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 21 , 19 3822. I HEREBY CERTIFY, That I attended deceased from
19..... to 19.....
I last saw h..... alive on..... 19..... death is said
to have occurred on the date stated above, at 9:30 AThe principal cause of death and related causes of importance in order of onset were
as follows:
Pos. Coronary thrombosis 2-21-38

Contributory causes of importance not related to principal cause:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? 023. If death was due to external causes (violence) (H) in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....Where did injury occur?.....
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J.C. Ayers, Jr. (Address) St. Joseph's Hospital