

District No. 529
Registration District No. 2313

ARKANSAS STATE BOARD OF HEALTH
Bureau of Vital Statistics

63 09310

CERTIFICATE OF DEATH

1. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
 a. STATE ARKANSAS b. COUNTY GARLAND
 c. CITY, TOWN, OR LOCATION HOT SPRINGS
 d. STREET ADDRESS 221 ROWLES
 e. IS RESIDENCE INSIDE CITY LIMITS? YES NO
 f. IS RESIDENCE ON A FARM? YES NO

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
 a. STATE ARKANSAS b. COUNTY GARLAND
 c. CITY, TOWN, OR LOCATION HOT SPRINGS
 d. STREET ADDRESS 221 ROWLES
 e. IS RESIDENCE INSIDE CITY LIMITS? YES NO
 f. IS RESIDENCE ON A FARM? YES NO

3. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
 a. STATE ARKANSAS b. COUNTY GARLAND
 c. CITY, TOWN, OR LOCATION HOT SPRINGS
 d. STREET ADDRESS 221 ROWLES
 e. IS RESIDENCE INSIDE CITY LIMITS? YES NO
 f. IS RESIDENCE ON A FARM? YES NO

4. DATE OF DEATH JUNE 8, 1963
 Month JUNE Day 8 Year 1963

5. FIRST NAME EARL MIDDLE NAME V. LAST NAME SMITH

6. COLOR OR RACE WHITE 7. Married Never Married
 Widowed Divorced

8. DATE OF BIRTH 2-14-97 9. AGE (In years last birthday) 66
 If Under 1 Year Months 66 Days 66 If Under 24 Hours Hours 66 Min. 66

10. Kind of business or industry BASEBALL 11. BIRTHPLACE (State or foreign country) ARKANSAS
 12. CITIZEN OF WHAT COUNTRY? USA

13. OCCUPATION (Give kind of work done most of working life, even if retired) BASEBALL PLAYER
 14. MOTHER'S MAIDEN NAME BELL MAYBERRY

15. DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) WWI
 16. Social Security No. VA HOSPITAL RECORDS
 17. INFORMANT VA HOSPITAL RECORDS Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
 PART I. DEATH WAS CAUSED BY: LAENNEC'S CIRRHOSIS
 IMMEDIATE CAUSE (a) LAENNEC'S CIRRHOSIS
 DUE TO (b) 587.1
 DUE TO (c) 587.1

19. WAS AUTOPSY PERFORMED? Yes NO

PART II. OTHER SIGNIFICANT CONDITIONS Contributing to Death but Not Related to the Terminal Disease Condition Given in Part I (a)

20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
 ACCIDENT SUICIDE HOMICIDE

21. TIME OF DEATH: Hour 9:00 a.m. p. Month 6 Day 8 Year 1963
 21a. DEATH OCCURRED NOT WHILE AT WORK 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOSPITAL
 21c. CITY, TOWN, OR LOCATION HOT SPRINGS COUNTY GARLAND STATE ARKANSAS

22. SIGNATURE OF REGISTRAR: F. SCHAEFER, MD., CH. (Degree or title) 22b. ADDRESS HISTOPATHOLOGY SEC., VAH, LR DIV., LITTLE ROCK, ARK.
 22c. DATE SIGNED 6-11-63
 23a. DATE OF DEATH: 6-8-63 23b. DATE 6-13-63 23c. NAME OF CEMETERY OR CREMATORY National
 23d. LOCATION (City, town, or county) Little Rock, Arkansas (State)

24. LOCAL DIRECTOR Virginia F. Greenwood ADDRESS LITTLE ROCK, ARK. 25. DATE RECD. by LOCAL REG. 6-19-63 26. REGISTRAR'S SIGNATURE Virginia F. Greenwood