

# ARKANSAS STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

785

**1 PLACE OF DEATH**  
**County** Quachita  
**Township** Bridge Creek **Registration District No.** 6413  
**Inc. Town or City** Kirkland **Primary Registration District No.** \_\_\_\_\_ **File No.** \_\_\_\_\_  
 (No. \_\_\_\_\_ **St.:** \_\_\_\_\_ **Ward:** \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

**2. FULL NAME** Mrs Nancy Jane Mayo  
 (a) Residence: No. Kirkland Ark **St.** Ark **Ward.** \_\_\_\_\_  
(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** Female **4. COLOR OR RACE** White **5. Single, Married, Widowed, or Divorced** Widowed  
 6a. If married, widowed, or divorced **HUSBAND of (or) WIFE of** \_\_\_\_\_  
**6. DATE OF BIRTH** (month, day, and year) June 15, 1924  
**7. AGE**  

Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
76	7		

  
**8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.**  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.**  
**10. Date deceased last worked at this occupation (month and year)**  
**11. Total time (years) spent in this occupation**

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH** Feb 1, 1971  
(Month, day, year)  
**22. HEREBY CERTIFY** That I attended deceased from Jan 31 to Feb 1  
 I last saw her alive on Jan 31, 1971, death is said to have occurred on the date stated above, at 3:30 a.m.  
 The principal cause of death, and related causes of importance were as follows:  
Pulmonary Hemorrhage Feb 1  
31  
 Other contributory causes of importance:  
Pulmonary Tuberculosis  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Chest Was there an autopsy? NO  
**23. If death was due to external causes (violence) fill in also the following:** Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
 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?** NO Or so, specify \_\_\_\_\_  
 (Signed) R. B. Robis M. D.  
 (Address) Canden, Ark.

**12. BIRTHPLACE** (city or town) (State or country) Ala  
**13. NAME** W. D. Parker  
**14. BIRTHPLACE** (city or town) (State or country) Ala  
**15. MAIDEN NAME** Mary Parker  
**16. BIRTHPLACE** (city or town) (State or country) Ala  
**17. INFORMANT** L. H. Haire  
 (Address) Kirkland Ark  
**18. BURIAL, CREMATION OR REMOVAL**  
 Place Little Rock Date 2/2, 1971  
**19. UNDERTAKER**  
 (Address) Little Rock  
**20. Filed** 2/4, 1971  
J. S. Kinch Registrar

THIS IS TO CERTIFY, That the above is a full, true and correct copy of the original certificate which is on file in this office and of which I am legal custodian. IN TESTIMONY WHEREOF, witness my hand and seal of office at Little Rock, Arkansas.

May 13, 1971

J. T. Herson, M. D.  
 State Registrar.

CAUSE OF DEATH TO BE FILLED IN PARTIAL CERTIFICATE. See instructions on back of certificate. is very important.