

ARKANSAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Registration District No. 529 2313		ARKANSAS STATE BOARD OF HEALTH Bureau of Vital Statistics '61		6495							
CERTIFICATE OF DEATH											
Primary Registration District No.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)									
1. PLACE OF DEATH a. COUNTY Pulaski		a. STATE Arkansas		b. COUNTY Well							
b. CITY, TOWN, OR LOCATION Little Rock		c. CITY, TOWN, OR LOCATION Ola, Arkansas									
d. NAME OF HOSPITAL OR INSTITUTION Ark. Baptist Hospital		d. STREET ADDRESS									
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) Lesa Royall Erickson		4. DATE OF DEATH April 4, 1961		Month Day Year							
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Jan. 6, 1894		9. AGE (In years last birthday) 67		If Under 1 Year Months Days Hours Min.	
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) Housewife		10b. Kind of Business or Industry Home		11. BIRTHPLACE (State or Foreign country) South Carolina		12. CITIZEN OF WHAT COUNTRY? U. S. A.					
13. FATHER'S NAME William Norman Royall		14. MOTHER'S MAIDEN NAME Mela Reese Norris		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. Social Security No.		17. INFORMANT Andrew G. Erickson, Ola, Rt. 1. Ark.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain tumor - metastatic		193.0									
Conditions, if any, which gave rise to above cause (s), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
PART II. OTHER SIGNIFICANT CONDITIONS Contributing to Death but Not Related to the Terminal Disease Condition Given in Part I(a)											
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 Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>											
20d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK		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 Feb. 21, 1961 to April 4, 1961 and last saw him alive on 4-4-61 Death occurred at 5:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE J. L. Porter, M.D. (Degree or title)		22b. ADDRESS Little Rock, Arkansas		22c. DATE SIGNED 5-31-61							
23a. Burial, Cremation, Removal (Specify) Burial		23b. DATE April 8, 1961		23c. NAME OF CEMETERY OR CREMATORIAL Ola Cemetery		23d. LOCATION (City, town, or county) Ola, Arkansas		(State)			
24. FUNERAL DIRECTOR Funeral Home, Dardanelle.		ADDRESS 4-1-61		25. DATE RECD. by LOCAL REG. 4-1-61		26. REGISTRAR'S SIGNATURE J. H. Herring, M.D. S.C. O					

S THIS IS TO CERTIFY, That the above is a full, true and correct copy of the original certification 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 2, 1962

State Registrar *J. H. Herring, M.D. S.C. O*

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WRITE PLAINLY WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

MEDICAL CERTIFICATION