

ARKANSAS STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

Registration District No. **529** ARKANSAS STATE BOARD OF HEALTH
Bureau of Vital Statistics
Primary Registration District No. **2313** **CERTIFICATE OF DEATH** '61 **6495**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Arkansas	
b. CITY, TOWN, OR LOCATION Little Rock		b. COUNTY Well	
c. Length of Stay in 1b		c. CITY, TOWN, OR LOCATION Ola, Arkansas	
d. NAME OF HOSPITAL OR INSTITUTION Ark. Bapstist Hospital		d. STREET ADDRESS	
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 or print) First Lesa Middle Royall Last Erickson		4. DATE OF DEATH April 4, 1961	
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	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		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) (If yes, give war or dates of service)	
16. Social Security No.		17. INFORMANT Andrew G. Erickson, Ola, Rt. 1. Ark.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain tumor - metastatic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 193.0 DUE TO (c) 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 checked="" 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 5:25 Month April Day 4 Year 1961		20d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <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 Little Rock, Arkansas	
20g. COUNTY Pulaski		20h. STATE Arkansas	
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 [Signature] (Degree or title)		22b. ADDRESS Little Rock, Arkansas	
22c. DATE SIGNED 5-31-61		22d. LOCATION (City, town, or county) (State)	
23a. Burial, Cremation, Removal (Specify) Burial		23b. DATE April 8, 1961	
23c. NAME OF CEMETERY OR CREMATORY Ola Cemetery		23d. LOCATION (City, town, or county) Ola, Arkansas	
24. FUNERAL DIRECTOR [Signature]		25. DATE RECD. BY LOCAL REG. 4-1-61	
26. REGISTRAR'S SIGNATURE [Signature]		27. DATE May 2, 1962	

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 **[Signature]** M.D.S.C. 0

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