

Death Certificate

Lillie Mae Smith

Born: September 11, 1887 at Hamilton County, Illinois

Died: December 18, 1937 at Greene County, Arkansas

Burial: Linwood Cemetery, Greene County, Arkansas
Certificate of Death – Arkansas State Department of Health

STATE OF ARKANSAS	
ARKANSAS STATE BOARD OF HEALTH Bureau of Vital Statistics CERTIFICATE OF DEATH	
Do Not Fill This Space	
581	
1. PLACE OF DEATH County <u>Greene</u> Township <u>Clark</u> Inc. Town or City <u>Paragould</u> Length of distance in miles from place of death occurred: _____ mi. _____ day. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ days	
2. FULL NAME <u>Lillie Mae Morgan</u> (a) Residence: No. <u>27 1/2</u> _____ (b) _____ (c) _____	
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>
5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>	6. DATE OF BIRTH <u>Sept 11 1887</u> (Month) (Day) (Year)
7. AGE <u>50</u> Years <u>3</u> Months <u>7</u> Days (If less than 1 day, hrs. or min.)	8. TRADE, PROFESSION, or particular kind of work done, or occupation, lawyer, bookkeeper, etc. <u>Housewife</u>
9. Industry or business in which work was done, or with which saw mill, bank, etc.	10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation	12. BIRTHPLACE (City or town) (State or Country) <u>Hamilton Co. Ill.</u>
PARENTS	
13. NAME OF FATHER <u>Charles Smith</u>	14. BIRTHPLACE OF FATHER (City or town) (State or Country) <u>Hamilton Co. Ill.</u>
15. MAIDEN NAME OF MOTHER <u>Mary Bellars</u>	16. BIRTHPLACE OF MOTHER (City or town) (State or Country) <u>Hamilton Co. Ill.</u>
17. INFORMANT (Address) <u>Bob Morgan</u>	18. DATE, PREPARATION OR REMOVAL (Place) <u>Paragould, Ark. Dec 12-19-1937</u>
19. Informant (Address) <u>W.D. Ash</u>	20. Filed <u>Jan 8 1938</u> <u>Mrs. I. B. Rogers</u>
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH <u>Dec 18 1937</u> (Month, Day, Year)	22. I HEREBY CERTIFY that I attended deceased from <u>Sept 25 1937</u> to <u>Dec 18 1937</u> I last saw her alive on <u>Dec 18 1937</u> ; death is said to have occurred on the date stated above at <u>1:00 PM</u> . The principal cause of death, and related causes of importance, were as follows: <u>Subsidiary Tuberculosis and Cancer of Breast and Stomach</u> Date of onset <u>50</u>
Other contributory causes of importance: <u>Cancer of Breast</u>	
Name of operation <u>None</u>	
What test confirmed diagnosis? _____ Was there an autopsy? _____	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> 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	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>W. E. Blount</u> M. D. Address <u>Paragould Ark.</u>	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

JAN 21 00

William G. Adams
State Registrar

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