

Death Certificate

Martha Louisa Elkins

Born: April 02, 1864 at Johnson County, Tennessee

Died: August 14, 1924 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		
1 PLACE OF DEATH County <u>Greene</u> Registration District No. <u>247</u> File No. <u>1110</u> Township <u>Clark</u> Primary Registration District No. <u>2</u> Registered No. <u>1110</u> City <u>Paragould Ark</u> (No. <u>2</u>) (St. <u>2</u>) Ward <u>1</u>		
2 FULL NAME <u>Martha Morgan</u> (a) Residence No. <u>612 W. Broadway St.</u> Ward <u>1</u> Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident give city or town and State) New leg. in U. S., if of foreign birth? yrs. mos. ds.		
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>
6a If married, widowed, or divorced HUSBAND of <u>W B Morgan</u> (or) WIFE of		
6 DATE OF BIRTH Month <u>4</u> Day <u>12</u> Year <u>1864</u>		
7 AGE Years <u>60</u> Month <u>4</u> Days <u>12</u> If LESS than 1 yr. state mo. or ds.		
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House duties</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>11</u> (c) Name of employer		
9 BIRTHPLACE (city or town) (State or country) <u>Texas</u>		
10 NAME OF FATHER <u>Ephraim Elkins</u>		
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Texas</u>		
12 MAIDEN NAME OF MOTHER <u>Sarah A. Haggart</u>		
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Texas</u>		
14 Informant <u>W. B. Morgan</u> (Address) <u>Paragould, Ark</u>		
15 Filled <u>9-10-24</u> by <u>M. Patton</u> Registrar		
16 DATE OF DEATH Month <u>Aug</u> Day <u>14</u> Year <u>1924</u>		17 I HEREBY CERTIFY, That I attended deceased from <u>July 28, 1924</u> to <u>Aug 14, 1924</u> that I last saw her alive on <u>Aug 14, 1924</u> and that death occurred, on the date stated above, at <u>9:30 pm.</u> The CAUSE OF DEATH* was as follows: <u>Complete hysterectomy due to carcinoma of uterus</u> (duration) <u>4</u> mos. ds. CONTRIBUTORY (Secondary) <u>Pain (post operation)</u> (duration) yrs. mos. ds. <u>12</u> ds.
18 Where was disease contracted If not at place of death?		19 Did an operation precede death? <u>Yes</u> Date of <u>July 28, 1924</u> Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>clinical</u> (Signed) <u>J. A. Dillman, M. D.</u> <u>Aug 16, 1924</u> (Address) <u>Paragould, Ark.</u>
19 PLACE OF BURIAL, CREMATION, or REINTERMENT <u>New Friendship</u> DATE OF BURIAL <u>8-16-1924</u>		20 UNDERTAKER <u>Paragould Undertaking Co</u> ADDRESS <u>Paragould Ark</u>
Burial or Transit Permit issued by _____ Date of Issue _____		
THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.		
William G. Adams State Registrar		
WARNING: A REPRODUCTION OF THIS DOCUMENT WITHOUT THE EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.		
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