

Death Certificate


Shirley Earline Morgan

Born: August 18, 1935 at Clay County, Arkansas

Died: July 01, 1936 at Greene County, Arkansas

Burial: Linwood Cemetery, Greene County, Arkansas

Certificate of Death - Arkansas State Board of Health

STATE OF ARKANSAS	
<p>ARKANSAS STATE BOARD OF HEALTH Bureau of Vital Statistics CERTIFICATE OF DEATH</p> <p style="text-align: right;">Do not Use This Form 195</p>	
<p>1. PLACE OF DEATH County <u>Greene</u> Township <u>Clark</u> City <u>Paragould Ark</u> Length of residence in city or town where death occurred: yrs. mos. days. How long in U. S. if of foreign birth: yrs. mos. days.</p>	
<p>2. FULL NAME <u>Shirley Earline Morgan</u> (a) Residence: No. _____ St. _____ Ward _____ (If non-resident, give city or town and state)</p>	
<p>PERSONAL AND STATISTICAL PARTICULARS</p>	
<p>3. SEX <u>Female</u> 4. COLOR OR RACE <u>white</u> 5. Status: Married, Widowed, or Divorced <u>Single</u> 6. DATE OF BIRTH <u>Aug 18 1935</u> (Month) (Day) (Year) 7. AGE <u>10 13</u> Years Months Days 8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. <u>none</u> 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</p>	<p>21. DATE OF DEATH <u>July 1 1936</u> (Month) (Day) (Year) 22. I HEREBY CERTIFY, That deceased passed from <u>June 12 1936 to July 1 1936</u> I had not been alive on <u>June 30 1936</u> death is said to have occurred on the date stated above at <u>3:30 a. m.</u> The principal cause of death, and related causes of importance, were as follows: <u>acute lobar</u> Date of onset <u>11/4/35</u> Other contributory causes of importance: <u>Hot weather and indigestion</u> <u>at home</u></p>
<p>12. BIRTHPLACE (city or town) <u>Paragould Ark</u> (State or country) 13. NAME OF FATHER <u>Harry C. Morgan</u> 14. BIRTHPLACE OF FATHER (city or town) <u>Paragould Ark</u> (State or country) 15. MAIDEN NAME OF MOTHER <u>Jettie Mae Phillip</u> 16. BIRTHPLACE OF MOTHER (city or town) <u>Luman Ark</u> (State or country)</p>	
<p>17. INFORMATION (Address) <u>Harry C. Morgan Paragould Ark</u> 18. BURIAL, CREMATION, OR REMOVAL Place <u>Linwood</u> Date _____ 19 _____ 19. UNDERTAKER <u>W. J. Selby Rector Ark</u> (Address) 20. FILE <u>July 30 1936</u> No. <u>1-5-10-10-10-10</u></p>	
<p>21. MEDICAL CERTIFICATE OF DEATH Name of operation _____ Date of _____ What test confirmed diagnosis _____ Was there an autopsy? _____ 22. 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 _____ 23. Who disease or injury in any way related to occupation of deceased? _____ If so, specify (Signed) <u>W. E. Ellington</u> M. D. Address <u>Paragould Ark</u></p>	
<p>THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.</p> <p style="text-align: center;">MAR -2 00</p> <p style="text-align: right;">  <u>William G. Adams</u> William G. Adams State Registrar </p> <p>WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.</p> <p style="text-align: right;">0930181 VII-112</p>	