

Death Certificate

Wilford Bias Morgan

Born: August 05, 1859 at Fulton County, Kentucky

Died: November 24, 1946 at Greene County, Arkansas

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

STATE OF ARKANSAS

Arkington

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ARKANSAS STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 247 State File No. _____
Primary Registration District No. 2145 Registrar's No. 10

1. PLACE OF DEATH: (a) County <u>Greene</u> (b) Township <u>Clark</u> (c) City or Town <u>Paragould</u> Ward _____ (d) Name of Hospital or Institution <u>None</u> (If not in hospital or institution write street number or location) (e) Length of stay: In hospital or institution _____ In this community <u>45 yrs</u> (Specify whether years, months or days)		2. USUAL RESIDENCE OF DECEASED: (a) State <u>Ark</u> (b) County <u>Greene</u> (c) City or Town <u>Paragould</u> (If outside city or town limits write Rural Number) (d) Street No. <u>105 East Calderwood</u> (If rural, give location) (e) If foreign born, how long in U. S. A. _____ years	
3(a) FULL NAME <u>Wilford B. Morgan</u>		93D	
3(b) If veteran, name war _____ No. _____ 3(c) Social Security _____		MEDICAL CERTIFICATION	
4. Sex <u>M</u> 5. Color or race <u>W</u> 6(a) Single, widowed, married, divorced <u>Widowed</u>		20. Date of death: Month <u>11</u> day <u>24</u> year 19 <u>46</u>	
6(b) Name of husband or wife <u>Martha L. Morgan</u>		21. I hereby certify that I attended the deceased from <u>11-4</u> , 19 <u>46</u> to <u>11-24</u> , 19 <u>46</u> ; that I last saw him alive on <u>11-24</u> , 19 <u>46</u> , and that death occurred on the date stated above at _____ M.	
6(c) Age of husband or wife if alive <u>deceased 1924</u> years		Immediate cause of death <u>chronic myocardial infarct & embolism</u> Date of Onset _____	
7. Birth date of deceased: <u>Aug 6 1859</u> (Month) (Day) (Year) If less than one day _____		Due to <u>arteriosclerosis</u>	
8. Age: <u>87</u> Years <u>3</u> Months <u>18</u> Days _____ hr. _____ min.		Other conditions: _____ (Include pregnancy within 3 months of death)	
9. Birthplace <u>Fulton Co. Ky</u> (City, town or county) (State or foreign country)		Major findings: _____	
10. Usual occupation <u>Retired Nurse</u>		Of operations: _____	
11. Industry or business _____		Of autopsy: _____	
12. Name <u>W. B.</u>		22. If death was due to external causes, fill in the following:	
13. Birthplace <u>W. B.</u> (City, town or county) (State or foreign country)		(a) Accident, suicide, or homicide (specify) _____	
14. Maiden name <u>W. B.</u>		(b) Date of occurrence _____	
15. Birthplace <u>W. B.</u> (City, town or county) (State or foreign country)		(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____	
16(a) Informant's own signature <u>Pauline Morgan</u>		(d) Did injury occur in or about home, on farm, in industrial plant, in public place? _____	
(b) P. O. address <u>Rt 6 Box 257-c Mt Hope</u>		(Specify type of place) _____	
17(a) <u>Pauline</u> (b) Date thereof <u>11-26-46</u> (Month) (Day) (Year)		While at work? _____ (a) Means of injury _____	
(c) Place: Burial or cremation <u>New Friendsburg</u>		23. Signature <u>W. G. Adams</u> M. D.	
18(a) Signature of funeral director <u>Harold L. Mitchell</u>		Address <u>Paragould Ark</u> Date signed <u>12-2-46</u>	
(b) P. O. address <u>Paragould Ark</u>			
19(a) <u>12-2-46 Mrs. C. Rogers</u> (Date received local registrar) (Registrar's Signature)			

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

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William G. Adams
State Registrar

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