

Date: 1 Jan 2008

Researcher: Detia M. Roe

The following data was taken from a single source exactly as it was found.

Type of Data: Death Certificate

Photo No.: 2007-

Source of Data: Arkansas Bureau of Vital Statistics, Little Rock, Pulaski Co., AR

STATE OF ARKANSAS			
1 PLACE OF DEATH		STATE OF ARKANSAS STATE BOARD OF HEALTH Bureau of Vital Statistics CERTIFICATE OF DEATH	
County <u>Green</u>	Township _____	Registration District No. <u>247</u>	File No. <u>450</u>
Incl. Town _____	City <u>Paragould Ark</u>	Primary Registration District No. <u>247</u>	Registered No. _____
2 FULL NAME <u>Ferlician Ann McKelvey</u>		(No. _____ St. _____ Ward _____)	If death occurred in a hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	16. DATE OF DEATH <u>Aug 14</u> 19 <u>23</u>
6. DATE OF BIRTH <u>May 23</u> 18 <u>48</u>	7. AGE <u>75</u> yrs. <u>23</u> mos. <u>23</u> ds.	8. OCCUPATION <u>House wife</u>	17. I HEREBY CERTIFY That I attended the deceased from <u>Aug 5</u> 19 <u>23</u> to <u>Aug 10</u> 19 <u>23</u> , that I last saw her alive on <u>Aug 10</u> 19 <u>23</u> , and that death occurred on the date stated above, at <u>11 AM</u>
9. BIRTHPLACE (State or Country) <u>Tenn.</u>	10. NAME OF FATHER <u>Thomas Swindle</u>	11. BIRTHPLACE OF FATHER (State or Country) <u>Tenn.</u>	12. MAIDEN NAME OF MOTHER <u>Mariann Anderson</u>
13. BIRTHPLACE OF MOTHER (State or Country) <u>Tenn.</u>	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>A. McKelvey</u> (Address) <u>Paragould Ark.</u>		
15. Filed <u>8/16</u> 19 <u>23</u> <u>Outstanding</u>	18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At Place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
19. PLACE OF BURIAL OR REMOVAL <u>Paragould</u>		20. UNDERTAKER <u>Paragould</u> ADDRESS _____	
N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of Certificate.			

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

NOV 23 07

Michael A. Adams
State Registrar

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