

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	
<p>1 PLACE OF DEATH</p> <p>County <u>Green</u> Registration District No. <u>247</u> File No. <u>422</u></p> <p>Township <u>Clark</u> Primary Registration District No. <u>117</u> Registered No. <u>247</u></p> <p>Inc. Town or City <u>Paragould Ark</u> St. <u>117</u> Ward <u></u></p> <p>2 FULL NAME <u>James H. McKelvey</u></p> <p>(a) Residence No. <u>704 01 34</u> St. <u></u> Ward <u></u></p> <p>(b) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.</p>	
<p>PERSONAL AND STATISTICAL PARTICULARS</p> <p>3 SEX <u>Male</u> 4 COLOR OF RACE <u>White</u> 5 Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u></p> <p>6a If married, widowed, or divorced (or) HUSBAND of (or) WIFE of <u>Julia C. McKelvey</u></p> <p>6 DATE OF BIRTH <u>11</u> Month <u>17</u> Day <u>1884</u> Year</p> <p>7 AGE <u>79</u> Years <u>1</u> Month <u>22</u> Days If LESS than 1 day, state hrs. or mins.</p> <p>8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Minister and Farmer</u> (b) General nature of industry, business or establishment in which employed (or employer) <u></u> (c) Name of employer <u></u></p> <p>9 BIRTHPLACE (city or town) (State or country) <u>Tenn.</u></p> <p>10 NAME OF FATHER <u>John McKelvey</u></p> <p>11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Tenn.</u></p> <p>12 MAIDEN NAME OF MOTHER <u>Julia C. McKelvey</u></p> <p>13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Tenn.</u></p> <p>14 Informant (Address) <u>Green, Paragould Ark</u></p> <p>15 Filed <u>19</u> 19<u>74</u> Registrar <u>Paragould Ark Co</u></p>	
<p>MEDICAL CERTIFICATE OF DEATH</p> <p>16 DATE OF DEATH <u>9</u> Month <u>9</u> Day <u>1934</u> Year</p> <p>17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 18</u> 19<u>33</u> to <u>Jan 9</u> 19<u>34</u> that I last saw him alive on <u>Jan 9</u> 19<u>34</u> and that death occurred, on the date stated above, at <u>9 A.M.</u> The CAUSE OF DEATH was as follows: <u>Hypertensive Phlebotomy</u></p> <p>18 Where was disease contracted if not at place of death? <u></u></p> <p>Did an operation precede death? <u>no</u> Date of <u></u></p> <p>Was there an autopsy? <u>no</u></p> <p>What test confirmed diagnosis? <u>Chemical Microscopic</u></p> <p>(Signed) <u>J. H. Adams</u> M. D.</p> <p>1-10 <u>1934</u> Address <u>Paragould Ark</u></p> <p>* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)</p>	
<p>19. PLACE OF BURIAL, CREMATION, or REMOVAL DATE OF BURIAL</p> <p><u>Greenwood</u> <u>19</u></p> <p>20. UNDERTAKER ADDRESS</p> <p><u>Paragould Ark Co</u> <u>Paragould Ark</u></p> <p>Date of Issue <u></u></p>	
<p>Burial or Transit Permit issued by <u></u></p>	
<p>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.</p> <p>NOV 28 07</p> <p>Michael A. Adams State Registrar</p> <p>WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.</p> <p>1416074</p> <p>VR-112</p>	