

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

Type of Data: Death Certificate

Photo No.:

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

STATE OF ARKANSAS	
<p>ARKANSAS STATE BOARD OF HEALTH Bureau of Vital Statistics CERTIFICATE OF DEATH</p> <p>Registration District No. <u>524</u> State File No. <u>799</u> Primary Registration District No. <u>2312</u> Registrar's No. <u>1267</u></p>	
<p>1. PLACE OF DEATH:</p> <p>(a) County <u>Pulaski</u> (b) Township <u>Big Rock</u> (c) City or Town <u>Little Rock</u> Word (d) Name of Hospital or Institution <u>State Hospital</u> (If not in hospital or institution write street number or location) (e) Length of stay: In hospital or institution <u>5 days</u> (Specify whether years, months or days) In this community <u>5 days</u> (Specify whether years, months or days)</p>	<p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>Arkansas</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>108</u> (If rural, give location) (e) If foreign born, how long in U. S. A. <u>SEP 2 1944</u> years</p>
<p>3(a) FULL NAME <u>Marvin Roe</u></p> <p>3(b) If veteran, name war No. 3(c) Social Security No. <u>108</u></p> <p>4. Sex <u>Male</u> 5. Color or race <u>White</u> 6(a) Single, widowed, married <u>Married</u> divorced</p> <p>6(b) Name of husband or wife 6(c) Age of husband or wife if alive years 7. Birth date of deceased (Month) (Day) (Year) If less than one day 8. Age: <u>57</u> Years Months Days hr. min.</p> <p>9. Birthplace <u>Unknown</u> <u>Arkansas</u> (City, town, or county) (State or foreign country)</p> <p>10. Usual occupation <u>Laborer</u></p> <p>11. Industry or business</p> <p>12. Name <u>Unknown</u> 13. Birthplace <u>Unknown</u> (City, town, or county) (State or foreign country) 14. Maiden name <u>Unknown</u> 15. Birthplace <u>Unknown</u> (City, town, or county) (State or foreign country)</p> <p>16. Informant's own signature <u>State Hospital records</u> (b) P. B. address <u>Little Rock, Arkansas</u> 17(a) (b) Date thereof <u>8-16-44</u> (Month) (Day) (Year) (c) Place: Burial or cremation 18(a) Signature of funeral director <u>A. J. Emmerich</u> (b) P. O. address <u>Paragould, Ark</u> 19(a) <u>8/19/44</u> (Date received local registrar) (b) <u>H. H. Adams</u> Registrar's signature</p>	
<p>20. Date of death: Month <u>8/16/44</u> day year 19 21. I hereby certify that I attended the deceased from <u>8/11/44</u> to <u>8/16/44</u> that I last saw him alive on <u>8/16/44</u> and that death occurred on the date stated above at <u>7:20 P.</u> M. Immediate cause of death <u>Lobar pneumonia</u> Date of Onset Due to Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations: Of autopsy: 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial plant, in public place? (Specify type of place) While at work (b) Means of injury 23. Signature <u>H. H. Adams</u> M. D. Address <u>State Hospital</u> Date signed <u>8/19/44</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>1416077</p> <p>VR-112</p>	