

Date: Aug 2007

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.:

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

STATE OF ARKANSAS

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

1 PLACE OF DEATH
County Greene
Township Black
Registration District No. 247
Primary Registration District No. 2145
Incl. Town or City Paragould, Ark.
St. Ark. Ward

2 FULL NAME James Edward Roe
(a) Residence No. (b) Nonresident No.
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.

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Male 4 COLOR or RACE W 5 Single, Married, Widowed, or Divorced (write the word)
6 DATE OF BIRTH 6 23 1927
Month Day Year
7 AGE Years 6 Months 28 Days
8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer
9 BIRTHPLACE (city or town) Ark.
(State or country)

PARENTS
10 NAME OF FATHER Marvin Roe
11 BIRTHPLACE OF FATHER (city or town) Tenn.
(State or country)
12 NAME OF MOTHER Detia M. Kellogg
13 BIRTHPLACE OF MOTHER (city or town) Ark.
(State or country)

14 Informant Detia Roe
(Address) Paragould, Ark.
15 Filed 2/4 19 08 Roe Turner
Registrar

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Jan 22 1928
Month Day Year
17 I HEREBY CERTIFY, That I attended deceased from Dec. 22 1927 to Jan. 22 1928
that I last saw him alive on Jan 20 1928
and that death occurred, on the date stated above, at 8 a.m.
The CAUSE OF DEATH was as follows:
State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSE, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)
Lobar Pneumonia
101 (duration) yrs. mos. 30 ds.
CONTRIBUTORY (Secondary) Empyema
(duration) yrs. mos. 15 ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
What operation performed?
Was there an autopsy? None
What test confirmed diagnosis?
(Signed) J. M. Moore M. D.
Jan 25 1928 (Address) Paragould, Ark.
19 PLACE OF BURIAL, CREMATION, or REMOVAL Arnwood 1-21 1928
DATE OF BURIAL
20 UNDERTAKER St. Breckenridge Paragould
ADDRESS Ark.
Date of issue

DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE OF ARKANSAS
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 28 07
Michael A. Adams
State Registrar
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.
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