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

Registration District No. 247
Primary Registration District No. 2145
STATE FILE NO. 1334

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paragould,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 702 Pekin Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Arkansas
b. COUNTY: Greene
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paragould,
d. STREET ADDRESS (If rural, give location): 702 Pekin Street

MAR 11 1955

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) ARON c. (Last) HOGLAND

4. DATE OF DEATH (Month) (Day) (Year): 2/16/1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12/24/1872
9. AGE (In years last birthday): 82 — If Under 1 Year: Months 1, Days 22 — If Under 24 Hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hogland
14. MOTHER'S MAIDEN NAME: Clair Chadwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Vinus Hogland

442 K

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio Vascular Disorder
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21f. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ______ 19__ TO ______ 19__, THAT I LAST SAW THE DECEASED ALIVE ON ______ 19__ AND THAT DEATH OCCURRED AT 9:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23a. SIGNATURE: Carl D. McHaney (Degree or Title)
23b. ADDRESS: Paragould, Ark.
23c. DATE SIGNED: 3-4-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/19/1955
24c. NAME OF CEMETERY OR CREMATORY: Linwood Cemetery
24d. LOCATION (City, town, or county) (State): Paragould, Greene, Ark.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR | ADDRESS

Form VS-4¼—25M—4-53—118543—C. McB.