ARKANSAS STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 2-7

Primary Registration District No. 2-7-5

STATE FILE NO. 9048

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): 47Years
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Community Methodist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Ark.
b. COUNTY: Greene
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paragould
d. STREET ADDRESS (If rural, give location): Route 4

SEP 12 1951

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Robert	Alex	Hogland	8	13	51

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hrs.: Hours	Min.
Male	White	Married	4-4-1874	77	4	8		

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

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

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Ruby Norwick

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Hypertension — 3314
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing 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)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	While At Work ☐ Not While At Work ☐	

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 8-12 1951 TO 8-13 1951 THAT I LAST SAW THE DECEASED ALIVE ON 8-13 1951 AND THAT DEATH OCCURRED AT 9:50 P. M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
C. H. Maddox M.D.	Paragould, Ark	8-18-51.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-15-51	Mt. Zion Cemetery	2mi. S. of Wallcott, Ark.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-7-51	Mae C. L. Rogers	Verlyn L. Heath	221 W. Main

Form VS-414—25M—8-50—107963—C.-3