STATE OF ARKANSAS

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

Do Not Use This Space
659

Registration District No. 475
Primary Registration District No. 2-2 91 File No.

1. PLACE OF DEATH
County Phillips
Township Horton
Inc. Town or City West Helena (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

2. FULL NAME William Atlas

(a) Residence: No. St. Ward (If non-resident, give city or town and state)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	M [illegible]

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lizzy Atlas

6. DATE OF BIRTH ? (Month) (Day) (Year)

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	65			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years spent in this occupation)

12. BIRTHPLACE (city or town) (State or Country) La

PARENTS
13. NAME OF FATHER Not known
14. BIRTHPLACE OF FATHER (City or Town) (State or Country)
15. MAIDEN NAME OF MOTHER Not known
16. BIRTHPLACE OF MOTHER (City or Town) (State or Country)

17. INFORMANT (Address) Fred Williams W. Helena Ark

18. BURIAL, CREMATION OR REMOVAL
Place Williams, Date 2-3, 1938

19. Undertaker (Address) Jackson Hughey W Helena Ark

20. Filed 2-7, 1938 MRS. J. C. FRAZIER Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 3 (Month, Day, Year) 1938

22. I HEREBY CERTIFY, That I attended deceased from ... 19..., to ... 19...
I last saw h... alive on ... 19..., death is said to have occurred on the date stated above at ... m.
The principal cause of death, and related causes of importance, were as follows:

	Date of onset
(a)	
(b)	
(c)	
(d)	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify City or Town, County, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
Signed W. W. Hughey Undertaker and Director
Address Helena Ark

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Form VS-4—2831—8-37—65319—C.-No.

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

Melinda Allen
Melinda Allen
State Registrar

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9/11/2014

ARKANSAS DEPARTMENT OF HEALTH SEAL LITTLE ROCK, ARK.

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