

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. 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 instructions on back of Certificate.

1 PLACE OF DEATH. STATE OF ARKANSAS *Missouri*
 County Jones STATE BOARD OF HEALTH
 Township Oliver Bureau of Vital Statistics
 Inc. Town _____ CERTIFICATE OF DEATH 43654-a
 City _____ (No. _____ St.; _____ Ward) 860
 Registration District No. _____ File No. _____
 Primary Registration District No. 6130 Registered No. 157

2 FULL NAME Opisil Blevins If death occurred in a hospital or institution, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>girl</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>+</u>	16. DATE OF DEATH <u>see</u> <u>30</u> <u>1916</u> Month Day Year	
6. DATE OF BIRTH <u>Nov</u> <u>30</u> <u>1910</u> Month Day Year			17. I HEREBY CERTIFY That I attended the deceased from _____, 191____, to _____, 191____ that I last saw h_____ alive on _____, 191____ and that death occurred on the date stated above, at _____ m_____.	
7. AGE _____ yrs. _____ mos. <u>30</u> ds. or _____ minf		If LESS than 1 day, _____ hrs.	The CAUSE OF DEATH * was as follows: <u>Cause not reported</u> <u>Died suddenly</u> <u>had no doctor</u>	
8. OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>199</u>			Duration _____ yrs. _____ mos. _____ ds. Contributory SECONDARY Duration _____ yrs. _____ mos. _____ ds.	
9. BIRTHPLACE (State or Country) <u>Mo</u>			Signed _____, M. D. _____, 191____ Address _____	
PARENTS	10. NAME OF FATHER <u>Sherman Blevins</u>	*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.		
	11. BIRTHPLACE OF FATHER (State or Country) <u>ark</u>	18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At Place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
	12. MAIDEN NAME OF MOTHER <u>Leah Piper</u>	Where was disease contracted, if not at place of death? Former or usual residence _____		
13. BIRTHPLACE OF MOTHER (State or Country) <u>ark</u>	19. PLACE OF BURIAL OR REMOVAL <u>Omaha ark</u>			DATE OF REMOVAL _____, 191____
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Edgar Blevins</u> (Address) <u>Omaha Ark</u>			20. UNDERTAKER _____ ADDRESS _____	
15. Filed <u>81231</u> 191 <u>6</u> <u>A. B. Kite</u> REGISTRAR				

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm Laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria

(avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms of terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATH state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statements of cause of death approved by Committee on Nomenclature of the American Medical Association.)