

STATE OF ARKANSAS *Missouri*

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

4434B

1 PLACE OF DEATH

County McDonald, Mo.
Township Whiterock

Registration District No. 1149

File No. _____

Primary Registration District No. 5696

Registered No. _____

(No. _____, _____ St.; _____ Ward)

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

2 FULL NAME David Everett Hall Jr

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)

16. DATE OF DEATH Feb 10 1921
1 _____ a. _____ b. _____ c. _____
Month Day Year

6. DATE OF BIRTH Feb 10 1921
_____ a. _____ b. _____ c. _____
Month Day Year

17. I HEREBY CERTIFY That I attended the deceased from Feb 10 1921 to Feb 10 1921, that I last saw him alive on Feb 10 1921, and that death occurred on the date stated above, at 2 P.M.

7. AGE _____ yrs. _____ mos. X ds. or _____ min?
If LESS than 1 day, _____ hrs.

The CAUSE OF DEATH * was as follows:
Congenital atelectasis

8. OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none

Contributory None
SECONDARY
Duration _____ yrs. _____ mos. _____ ds.

BIRTHPLACE (State or Country) McDonald Co. Mo.

Signed K. B. Huffman, M. D.
Feb 10, 1921 Address Bentonville Ark

*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

10. NAME OF FATHER David Everett Hall
11. BIRTHPLACE OF FATHER (State or Country) Camden Mo
12. MAIDEN NAME OF MOTHER Anna Bell Overstreet
13. BIRTHPLACE OF MOTHER (State or Country) La Plate Mo

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At Place of death _____ yrs _____ mos _____ ds. In the State _____ yrs _____ mos _____ ds.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant) K. B. Huffman med
(Address) Bentonville Ark

Where was disease contracted, if not at place of death?
Former or usual residence _____

15. Filed Feb 11 1921 W. J. Johnson
REGISTRAR

19. PLACE OF BURIAL OR REMOVAL _____ DATE OF REMOVAL _____, 19____
20. UNDERTAKER _____ ADDRESS _____

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*, *Composer*, *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*

pneumonia ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, 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.*; *Pneumonia (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.)