

1 PLACE OF DEATH.

County FranklinTownship Walworth

Inc. Town _____

City _____

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

632

Registration District No. 286

File No. _____

Primary Registration District No. 5404

Registered No. _____

(No. _____ St.; _____ Ward)

2 FULL NAME

Mary Shelton

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Caucasian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
6. DATE OF BIRTH <u>March 4th 1922</u> Month <u>Mar</u> Day <u>4</u> Year <u>1922</u>		
7. AGE <u>99</u> yrs. <u>10</u> mos. <u>20</u> ds. If LESS than 1 day, _____ hrs. or _____ min?		

8. OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)
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9. BIRTHPLACE (State or Country) <u>Vincennes Ind</u>

PARENTS	10. NAME OF FATHER <u>J. A. Russell</u>
	11. BIRTHPLACE OF FATHER (State or Country) <u>Vincennes Ind</u>
	12. MAIDEN NAME OF MOTHER <u>Victoria Stavellett</u>
	13. BIRTHPLACE OF MOTHER (State or Country) <u>Cameronville Ind</u>

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15.

Filed 2-7 1923J. Plummer
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH <u>January 28th 1923</u> Month <u>Jan</u> Day <u>28</u> Year <u>1923</u>
17. I HEREBY CERTIFY That I attended the deceased from <u>Jan 21st 1923</u> to <u>Jan 23rd 1923</u> that I last saw h ^e alive on <u>Jan 23rd 1923</u> and that death occurred on the date stated above, at <u>2</u> a.m.

The CAUSE OF DEATH * was as follows:

Lobular Pneumonia
IIA
107A

Contributory SECONDARY <u>Blue</u>	Duration yrs. mos. ds. <u>11</u> ds.
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Signed <u>George Collier</u> M. D. <u>Jan 28th 1923</u>	Address <u>Capitol Hill</u>
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*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

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

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL <u>Starnfield Cem</u>	DATE OF REMOVAL <u>Jan 25th 1923</u>
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20. UNDERTAKER <u>W.P. Harris</u>	ADDRESS <u>Walworth mo</u>
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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.

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, 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 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 carbonic 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.)