

County Oregon Co  
 Township Thayer Registration District No. 652 File No. \_\_\_\_\_  
 Inc. Town Thayer Route Primary Registration District No. 4587 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) 5834 St.; \_\_\_\_\_ Ward)

2 FULL NAME Robert W. Brazzel

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

(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR or RACE white 5 Single, Married, Widowed, or Divorced (write the word) widower

6a ~~married~~, widowed, or divorced  
 HUSBAND of South Duncan  
 (or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH July 5, 1857  
 Month Day Year

7 AGE 69 Years Month 1 Days 13 If LESS than 1 day, ..... hrs. or ..... min.

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer  
 (b) General nature of industry, business or establishment in which employed (or employer) usual  
 (c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) Jackson Co  
 (State or country) Ark

10 NAME OF FATHER Thos Brazzel

11 BIRTHPLACE OF FATHER (city or town) State of Tenn  
 (State or country)

12 MAIDEN NAME OF MOTHER Porter

13 BIRTHPLACE OF MOTHER (city or town) Jackson Co  
 (State or country) Ark

14 Informant A. M. Brazzel  
 (Address) Thayer, Ark

15 Mar. 24, 1926 C. Rhea  
 filed Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 18, 1925  
 Month Day Year

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1925 to Mar 17, 1925  
 that I last saw him alive on Mar 17, 1925  
 and that death occurred, on the date stated above, at 4:30 p.m.  
 The CAUSE OF DEATH\* was as follows:

Carcinoma Liver & omentum  
III E

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted  
 If not at place of death? \_\_\_\_\_

Did an operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. B. Hull M. D.  
3/19 1925 (Address) Thayer, Ark

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, or REMOVAL Two Mile Cem. DATE OF BURIAL Mar 19, 1925

20 UNDERTAKER Wm Hawk ADDRESS Thayer

Burial or Transit Permit issued by \_\_\_\_\_ Date of Issue \_\_\_\_\_

# 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 *Nons*.

**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 or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse,"

"Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or 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 statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Certificates may be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: *Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus*.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.