

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 instructions on back of certificate.

PLAQUE OF DEATH
 ARKANSAS STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

County Pemiss State Registration District No. 65-6 File No. 12521
 Township Academy Hill Primary Registration District No. 5875 Registered No. 6281
 Inc. Town or City Hallsville (No. 6281 St.; _____ Ward)

2 FULL NAME Rachel Harold
 (a) Residence. No. Holland Ave St. _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident give city or town and State)
 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR or RACE Celand 5 Single, Married, Widowed, or Divorced (write the word) wife

6a If married, widowed, or divorced HUSBAND of (or) WIFE of wife

6 DATE OF BIRTH _____
 Month _____ Day _____ Year _____

7 AGE Years 38 Month ✓ Days ✓ 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) H. L. Reynold
 (c) Name of employer _____

9 BIRTHPLACE (city or town) Castroville
 (State or country) Tex

10 NAME OF FATHER Green Collier

11 BIRTHPLACE OF FATHER (city or town) Mississippi
 (State or country) _____

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) Mississippi
 (State or country) _____

14 Informant Henry Harold
 (Address) Holland

15 Filled 5-12-27, 1927 James A Jones
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 26, 1927
 Month _____ Day _____ Year _____

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1927, to April 26, 1927, that I last saw her alive on April 22, 1927, and that death occurred, on the date stated above, at 10 P m. The CAUSE OF DEATH* was as follows:
Valvular disease of heart

11A 900
 (duration) _____ yrs. _____ mos. 1/3 da.

CONTRIBUTORY (Secondary) _____
 (duration) _____ yrs. _____ mos. _____ da.

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 Physical Examination

(Signed) D. B. Bushane, M. D.
April 27, 1927 (Address) 419 W. Ash

* 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 Yackbar DATE OF BURIAL May 30, 1927

20 UNDERTAKER P. B. Tillman ADDRESS Plymouthville

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, 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 *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," "Lebilitiy" ("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 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 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.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

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.

1. PLACE OF DEATH

County Demasot Registration District No. 656 File No. _____
 Township Holland Primary Registration District No. 6281 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Rachel Harold
 (a) Residence No. Holland mo. St. Ward _____ (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX D. 4. COLOR OR RACE B. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) M.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-26-1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 2 0 _____

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) H. L. Reynolds
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Carthage
 (STATE OR COUNTRY) _____

10. NAME OF FATHER Green Collier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mississippi
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (CITY OR TOWN) Mississippi
 (STATE OR COUNTRY) _____

14. INFORMANT Henry Harold
 (Address) Holland

15. FILED _____ 19 _____ REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 26 1927

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, (that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Disease of Heart
 _____ (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

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? Physical Exami-
 (Signed) H. B. Habschauer, M. D.
Apr 27, 1927 (Address) 419 W. Ash

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL You Bean Ray DATE OF BURIAL 4-30-1927

20. UNDERTAKER P. B. Tillman ADDRESS Blythville

18521-5