

1 PLACE OF DEATH

County New Madrid  
Vot. Pct. 7 Registration District No. 604  
Inc. Town New Madrid Primary Registration District No. 5702  
City Sugar Tree Ridge (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

2 FULL NAME Beattie Leta Bailey

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 7 4 COLOR OR RACE W 5 Single m Married Widowed or Divorced (Write the word)  
6 DATE OF BIRTH Nov. 15, 1909 (Month) (Day) (Year)  
7 AGE 19 yrs. 4 mos. \_\_\_\_\_ ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?  
8 OCCUPATION (a) Trade, profession or particular kind of work H. W. General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Mississippi Co. Mo.  
10 NAME OF FATHER Coans Mathews  
11 BIRTHPLACE OF FATHER (State or country) Arkansas  
12 MAIDEN NAME OF MOTHER Ira Thompson  
13 BIRTHPLACE OF MOTHER (State or country) Arkansas

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Walter Bailey  
(Address) New Madrid

15 Filed 3/15/1929 W. Bannon Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 14, 1929 (Month) (Day) (Year)  
17 I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1929, to Mar. 14, 1929, that I last saw her alive on Mar. 14, 1929, and that death occurred on the date stated above at 9:30 p.m.

The CAUSE OF DEATH\* was as follows:  
Malaria  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) D. A. Lovelace, M. D.  
Mar. 15, 1929 (Address) New Madrid

\*State the Disease Causing Death, or, in deaths 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. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted, if not at place of death? Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Sugar Tree Ridge DATE OF BURIAL 3/15, 1929  
20 UNDERTAKER Richards and Co ADDRESS New Madrid

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. Fact statement, OCCUPATION is very important. See instructions on back of certificate. MAR 25 1929

PARENTS

# 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 on the second line may form part of the second statement. For 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 *Malaria* (disease causing death), 29ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "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 septicæmia," "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."

NOTE.—Certificates will be returned for additional information which give any of the following diseases, without explanation of the sole cause of death: Abortion, cellulitis, childbirth, complications, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.