

PLACE OF DEATH

County Stone
Township Crane ms.
City Crane ms. (No.)

Registration District No. 842
Primary Registration District No. 43126104

8501
File No.
Registered No.
St. Ward)

FULL NAME

Mary Johnson

(a) Residence No. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Date of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Johnson

DATE OF BIRTH (MONTH, DAY AND YEAR) March - 2 1883
AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 11 8

OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (CITY OR TOWN) Barcland
(STATE OR COUNTRY) Ark.

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Murphyboro
(STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Virginia Kruger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va. Tenn.
(STATE OR COUNTRY)

4. INFORMANT Jane Mitchell
(Address) Crane ms.

15. FILED 2-28-31 Mrs Ethel Doyett
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 10 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb - 10 - 1931 to Feb - 10 - 1931.
that I last saw h. alive on Feb - 9 - 1931, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH: * WAS AS FOLLOWS:
Mitral regurgitation
decompensation

CONTRIBUTORY (SECONDARY) 1
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? m DATE OF
WAS THERE AN AUTOPSY? m

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. L. Kern, M. D.
2-10-1931 (Address) Crane

*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 Masonic Cem DATE OF BURIAL 2-10-31

20. UNDERTAKER W. H. Wilson ADDRESS Crane Va

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 usefulness of various pursuits can be known. The same applies to each and every person, irrespective of age. For many occupations a single word or phrase on the first line will be sufficient, e. g., *Farmer or Doctor, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of occupation 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 necessary. As examples: (a) *Spinner, (b) Cotton mill, (c) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory*. The material worked on may form the second statement. Never return "Foreman," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, (a) Laborer, Laborer—Coal mine, etc.* Women at work, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife, (a) At work 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 *Washer, 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 may be indicated thus: *Farmer (retired, 6 years)*. For persons who have no occupation whatsoever 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 accepted term for the same disease. Examples: *Scarlatinal fever* (the only definite synonym is *Scarlet fever*); *Acute cerebrospinal meningitis*; *Diphtheria* (never report 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 neoplasm); *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 septiemia," "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.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will 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, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.