

**OKLAHOMA STANDARD CERTIFICATE OF DEATH**

15086

1 PLACE OF DEATH  
 73 County Newton, STATE OF OKLAHOMA, Registered No. \_\_\_\_\_  
 5 Village \_\_\_\_\_ or Township 611  
 6 City Seneca No. 4365 St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 2 FULL NAME Mary Hayes Flint  
 (a) Residence No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female  
 4 COLOR OR RACE W  
 5 Single, Married, Widowed, or Divorced (write the word) Married  
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Flint  
 6 DATE OF BIRTH (month, day, and year) \_\_\_\_\_  
 7 AGE Years 84 Months ✓ Days ✓ If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House wife  
 (b) General nature of industry, business, or establishment in which employed (or employer) 245  
 (c) Name of employer \_\_\_\_\_  
 9 BIRTHPLACE (city or town) Mo  
 (State or country) \_\_\_\_\_  
 10 NAME OF FATHER \_\_\_\_\_  
 11 BIRTHPLACE OF FATHER (city or town) 31  
 (State or country) \_\_\_\_\_  
 12 MAIDEN NAME OF MOTHER \_\_\_\_\_  
 13 BIRTHPLACE OF MOTHER (city or town) \_\_\_\_\_  
 (State or country) \_\_\_\_\_  
 14 Informant John Flint  
 (Address) Seneca Mo  
 15 Filed 77 1931  
 Registrar C. H. ...

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day, and year) Apr. 5 1931  
 17 I HEREBY CERTIFY, That I attended deceased From Feb 1 1931, to Apr 5 1931, that I last saw her alive on 4-5 1931 and that death occurred, on the above date, at 10 a.m.  
 The CAUSE OF DEATH\* Valvular Lesions of Heart  
131  
 Duration 92A yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY Interstitial Nephritis (Secondary) Chromic (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 18 Where was disease contracted Seneca Mo  
 Did an operation precede death? ✓ Date of \_\_\_\_\_  
 Was there an autopsy? ✓  
 (Signed) W. C. Barnard M. D.  
 (Address) Seneca Mo  
 \*Deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side)  
 19 PLACE OF BURIAL, Cremation, or Removal Seneca DATE OF BURIAL 4/6 1931  
 20 UNDERTAKER Norman E. Mitchell address Seneca

See instructions on back of certificate. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. APR 25 1931

## NOTICE

Certificates will be returned for additional information which give indefinite causes of death without explanation, such as: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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), 29ds.; Bronchopneumonia (secondary), 10ds. 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.)