County Dunklin Co Mo

Bureau of Vital Statistics
CERTIFICATE OF DEATH

17582

Township Buffalo Registration District No. 283 File No. 19

Primary Registration District No. 4167 Registered No.

Inc. Town or City Cardwell Mo (No. St.; Ward)

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

2 FULL NAME Mary Ward

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR or RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married 1889

6 DATE OF BIRTH June (Month) 2 (Day), 1881 (Year)

7 AGE: Years 4 Months 11 Days 24 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED 235
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer): Housewife
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Greene Co Ark 2

PARENTS
10 NAME OF FATHER: Elige Hamlins
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ky
12 MAIDEN NAME OF MOTHER: Fanny Conn
13 BIRTHPLACE OF MOTHER (city or town) (State or country): ~~Ky~~ Mississippi

14 Informant (Address): Bruce Carrel ~~Fa~~ Cardwell Mo

15 Filed 5-27, 1931 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5 (Month) 26 (Day), 1931 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 10 1931 to May 26, 1931 that I last saw her alive on May 15, 1931 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH was as follows:
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.)

Pellagra
62

62 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dont Know
(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Greene Co Ark

Did an operation precede death? No Date of

What operation performed? None

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) W E Ellington M. D.

May 27 1931 (Address) Paragonia Ark

19. PLACE OF BURIAL, CREMATION, or REMOVAL: Providence Cemetery Ark
DATE OF BURIAL: 5-27 1931

20 UNDERTAKER: Anderson Company
ADDRESS: ~~Paragon~~ Cardwell Mo

Burial or Transit Permit issued by Date of Issue

MARGIN RESERVED FOR BINDING

V. S. No. 4

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.

JUN 25 1931

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 *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"); *Diptheria* (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 HOMOCIDAL, 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.