

NOV 27 1931

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

County McDonald  
Township Noel  
Inc. Town or City South West City

ARKANSAS STATE BOARD OF HEALTH

Bureau of Vital Statistics  
CERTIFICATE OF DEATH

18599

Registration District No. 315 File No. \_\_\_\_\_  
Primary Registration District No. 4311 Registered No. \_\_\_\_\_  
St.; Ward)

2 FULL NAME Roy Catron, Jr.

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

(a) Residence. No. \_\_\_\_\_ 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Boy 4 COLOR or RACE white 5 Single, Married, Widowed, or Divorced (write the word) single  
6a If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
6 DATE OF BIRTH May 22 1931  
Month Day Year  
7 AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, . . . hrs. or 20 min.

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

9 BIRTHPLACE (city or town) South West City  
(State or country) Missouri

10 NAME OF FATHER Frank Catron  
11 BIRTHPLACE OF FATHER (city or town) Jalapa  
(State or county) Delaware  
12 MAIDEN NAME OF MOTHER Mary Mattingly  
13 BIRTHPLACE OF MOTHER (city or town) Benton County  
(State or county) Arkansas

14 Informant J. M. Van Meter  
(Address) South West City - Ark.

15 Filed \_\_\_\_\_ 19 \_\_\_\_\_ Registrar \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 22 1931  
Month Day Year  
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:  
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.)

114  
Infant - Premature  
Birth or possibly 2 weeks  
lived 1 1/2 min (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? \_\_\_\_\_ Date of \_\_\_\_\_

What operation performed? \_\_\_\_\_  
Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_  
(Signed) [Signature] M. D.  
May 22 1931 (Address) Gravette, Ark.

19. PLACE OF BURIAL, CREMATION, or REMOVAL See Cemetery Ark. DATE OF BURIAL May 22 1931  
20 UNDERTAKER none ADDRESS \_\_\_\_\_

Burial or Permit issued by \_\_\_\_\_ Date of Issue \_\_\_\_\_  
Transit \_\_\_\_\_

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.

V. S. No. 4

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: (u) *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 *Houswife, 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: *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," "Delirium," "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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.  
 County McDonald Registration District No. 315- File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 4311 Registered No. \_\_\_\_\_  
 City South West City St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ray Catron, Jr  
 (a) Residence No. \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. \_\_\_\_\_

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

9. BIRTHPLACE (CITY OR TOWN) Southwest City  
 (STATE OR COUNTRY) mo

10. NAME OF FATHER Frank Catron

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Palmyra  
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Mattingly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Benton  
 (STATE OR COUNTRY) ark

14. INFORMANT J. M. Van Meter  
 (Address) South West City

15. FILED 3/23 37 John D. Nickles  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1931

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_, \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Infant - Premature  
Birth possibly 2  
weeks? lived 11 hours  
20 minutes  
 (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? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 may (Signed) Jim Catron M. D.  
22, 1931 (Address) Gronette Ark

\*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 Lee Cemetery DATE OF BURIAL May 22 1931

20. UNDERTAKER None ADDRESS \_\_\_\_\_

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Information should be carefully supplied. PHYSICIANS should state EXACTLY. OCCUPATION is very important. State in plain terms, so that it may be properly classified.

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