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.

JAN 9 1933

ARKANSAS STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Do not use this space: 36633

1 PLACE OF DEATH 78
County Pemiscott
Township Virginia
Inc. Town or City Holand MO

Registration District No. 422
Primary Registration District No. 6260 — 62 File No. ______
(No. ______ St.; ______ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

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.

2. FULL NAME Velma Andrews
(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)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lester Andrews

6. DATE OF BIRTH (month, day, and year) May 18

7. AGE: Years 20, Months 6, Days 19. If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 275
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ______
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 31

FATHER
13. NAME Tolbert Roach 8
14. BIRTHPLACE (city or town) (State or country) Ky. 2

MOTHER
15. MAIDEN NAME Estella McGimore
16. BIRTHPLACE (city or town) (State or country) Ripley Tenn

17. INFORMANT ______
(Address) ______

18. BURIAL, CREMATION, OR REMOVAL
Place Manila Date Nov 11, 1932

19. UNDERTAKER Howard & Thompson
(Address) Manila Ark

20. Filed 11-12, 1932 E. F. Alston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH ______, 19__
(Month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from 11-8-, 1932, to 11-10-, 1932

I last saw her alive on 11-8-, 1932; death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death, and related causes of importance were as follows:

Cause	Date of onset
Malta fever	3 wks ago
5	

Other contributory causes of importance: 50

Name of operation ______ Date of ______
What test confirmed diagnosis ______ Was there an autopsy? ______

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ______ Date of injury ______, 19__
Where did injury occur? ______
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ______
Nature of injury ______

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ______

(Signed) L. E. Cooper, M. D.
(Address) Cooter Mo

ARKANSAS STANDARD CERTIFICATE OF DEATH

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. 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. Exact statement of OCCUPATION is very important.

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

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY

1. PLACE OF DEATH
County Pemiscot   Registration District No. 656   File No.
Township Holland   Primary Registration District No. 6281   Registered No. 30 7
City   (No.   St.   Ward)

2. FULL NAME Velma Andrews

(a) Residence, No.   St.,   Ward.   (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lester Andrews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-21-1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	20	6	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME Talbert Roach
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Estella McLemore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Tenn

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Manila   DATE 11-11 1932

19. UNDERTAKER Hammond & Thompson
(ADDRESS) Monette ark

20. FILED Feb 9 1933 A Harrison
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-8 1932, to 11-10, 1932
I last saw her alive on 11-8, 1932. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows: Date of onset
Malta fever

Other contributory causes of importance:

Name of operation   Date of
What test confirmed diagnosis?   Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?   Date of injury   , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. E. Cooper, M. D.
(Address) Cooter Mo

S-36633