

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.

NOV 10 1933

1 PLACE OF DEATH		ARKANSAS STATE BOARD OF HEALTH Bureau of Vital Statistics CERTIFICATE OF DEATH		8226 B	
County	Star	Registration District No.	847	File No.	
Township	Willing	Primary Registration District No.	6112-6253	Registered No.	
Inc. Town or City		(No.		St.	Ward)
2 FULL NAME		If death occurred in a hospital or institution, give its NAME instead of street and number.			
Ellah Beal					
(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		yr.	mos.	ds.	How long in U. S., if of foreign birth? yr. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR or RACE	5 Single, Married, Widowed, or Divorced (write the word)			
Male	White	Married			
6a If married, widowed, or divorced (or) WIFE of					
Husband					
6 DATE OF BIRTH					
Month		Day		Year	
Oct. 8		20		1908	
7 AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.	
	24	3	2		
8 OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work					
Farmer					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9 BIRTHPLACE (city or town) (State or country)					
Colorado					
10 NAME OF FATHER					
R. C. Beal					
11 BIRTHPLACE OF FATHER (city or town) (State or country)					
Unknown					
12 MAIDEN NAME OF MOTHER					
Miss Anderson					
13 BIRTHPLACE OF MOTHER (city or town) (State or country)					
Boonville, Ark					
14 Informant (Address)					
J. H. Leadbetter, Maurine M. D.					
15 Filed					
Feb. 7, 1933 J. L. Chaffell Registrar					
MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH					
Month		Day		Year	
2		6		1933	
17 I HEREBY CERTIFY, That I attended deceased from					
2-6 1933 to 2-6 1933					
that I last saw her alive on 2-6 1933					
and that death occurred, on the date stated above, at 9:10 a.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.)					
Pneumonia (lobar) in both lungs					
111					
108					
(duration) yrs. mos. 7 ds.					
CONTRIBUTORY (Secondary)					
(duration) yrs. mos. 7 ds.					
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) A. L. Carter M. D.					
2-7 1933 (Address) Berryville					
19. PLACE OF BURIAL, CREMATION, or REMOVAL DATE OF BURIAL					
High Cemetery				Feb. 7 1933	
20 UNDERTAKER				ADDRESS	

Burial or Transit Permit issued by _____ Date of Issue _____

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"); *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," "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.