

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.

1 PLACE OF DEATH

County Barry

Township White River

Inc. Town or City _____

Registration District No. 38

Primary Registration District No. 5004

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 Dentis Roy Allen

(a) Residence: No. _____

St., _____

Ward. _____

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 7-1938

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

8

3

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

Scoring

12. BIRTHPLACE (city or town) Viola, Mo.

(State or country)

13. NAME Noah Allen

14. BIRTHPLACE (city or town) Noah Allen

(State or country) Viola Mo.

15. MAIDEN NAME Addie Marie Roush

16. BIRTHPLACE (city or town) Van Buren Co.

(State or country) Iowa

17. INFORMANT Noah Allen

(Address) Viola, Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL

Place Mo. State

Date Dec 11, 1938

19. UNDERTAKER R. H. Atkinson

(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12-10-1938

(Month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from 12-7-, 1938 to 12-10, 1938

I last saw her alive on 12-9, 1938; death is said

to have occurred on the date stated above, at 9 p.m.

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

Toxic infection of head & sinuses

Date of onset 12-4

Other contributory causes of importance

Stomachitis

Date of onset 11-27

Name of operator _____

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) J. I. Carter

M. D.

(Address) Barryville

Registrar Emmett Weddington

39077

Do not use this space

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:

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915	<i>Attack of epilepsy</i>	1 week ago
<i>Chronic interstitial nephritis</i>	1921	<i>Run over by street car</i>	1 week ago
<i>Cerebral hemorrhage</i>	July 5, 1927	<i>Peritonitis</i>	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
<i>Gallstones</i>	May 1, 1923	<i>Gastroenteritis</i>	1 year

Example II

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN