

17 1936

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

Do not use this space.

40335

1. PLACE OF DEATH

County Mississippi
Township Myrtle
City Charleston (No.)

Registration District No. 566
Primary Registration District No. 5762

File No.
Registered No. 153 Ward

2. FULL NAME

Wallace Hodge
(a) Residence, No. R90#2 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 45

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm laborer

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) Unknown

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Millie Barnett # Charleston Mo #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Not Grave Bur. DATE Dec 10 1935

19. UNDERTAKER (ADDRESS) County Pauper Mississippi Co.

20. FILED 12-10- 1935 Frank A. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....
I last saw him alive on No Doctor, 19..... Death is said

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

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

Myxo-Carditis
ASB

Other contributory causes of importance

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

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 Paul T. Mackey, Coronator, M.D.

(Signed) Paul T. Mackey, Coronator, M.D.

(Address) Charleston - Mo.

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.

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The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. These include direct observation, interviews with key personnel, and the use of specialized software tools. Each method is described in detail, highlighting its strengths and potential limitations.

The third section presents the results of the study. It shows that there is a significant correlation between the accuracy of the records and the overall efficiency of the organization. Organizations that invest in robust record-keeping systems tend to have lower error rates and faster processing times.

Finally, the document concludes with several recommendations for improving record-keeping practices. These include implementing standardized procedures, providing regular training for staff, and investing in modern technology to streamline the process.