

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 instruction on back of certificate.

JUN 27 1936

1. PLACE OF DEATH

County

Township

Inc. Town or City

ARKANSAS STATE BOARD OF HEALTH

Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.

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

Do Not Use This Space

21716

7

File No.

Ward

Length of residence in city or town where death occurred..... yrs., ... mos., ... days. How long in U. S. if of foreign birth..... yrs., ... mos., ... days.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward

(If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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)

1859

(Year)

7. AGE

Years

Months

Days

If LESS than 1 day

hrs. or min.

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)

13. NAME OF FATHER

14. BIRTHPLACE OF FATHER (city or town) (State or country)

15. MAIDEN NAME OF MOTHER

16. BIRTHPLACE OF MOTHER (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place McClellan, Ark Date May 20, 1936

19. UNDERTAKER (Address)

20. Filed

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

5-19

1936

(Month, day, year)

22.

I HEREBY CERTIFY, That I attended deceased from

5-15

1936 to

5-19

1936

I last saw her alive on 5-15, 1936; death is said to have occurred on the date stated above at 1 P. M.

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

Pneumonia (hyperstatic) or pneumonia (Position) Date of onset

Other contributory causes of importance:

Shin for past few yrs. Paralysis (Aortic)

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

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)

Address

M. D.

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 term, 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, asthma, 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 1

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

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1981
<i>Cerebral hemorrhage</i>	July 5, 1987

Other contributory causes of importance:

Gallstones

EXAMPLE 11

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

	1 week ago
Attack of epilepsy	
Run over by street car	
Peritonitis	
	5 days ago

Other contributory causes of importance:

Gastroenteritis

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.

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

Do not use this space.

1. PLACE OF DEATH

County Stone

Registration District No. 847

Township Williams

Primary Registration District No. 6112

City (No.)

File No.

Registered No.

St. Ward

2. FULL NAME

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

76

11

29

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED 5-20 1936

J. E. Chappin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19 1936

22. I HEREBY CERTIFY, That I attended deceased from

to , 19 , to , 19

I last saw him alive on , 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:

Date of onset

Other contributory causes of importance:

Blind for past few years
Paralysis partial
don't know - which

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? of injury , 19

Where did injury occur? Specify city or town, county, and State)

Specify whether injury occurred in factory, 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) G. H. Carter, M. D.

(Address) Springville Ark

S-21716