1. PLACE OF DEATH AUG 15 1936

MISSOURI STATE

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

Do Not Use This Space

25688

County Butler

Township Gillen Bluff

Inc. Town or City Hagus Mo

Registration District No. 92

Primary Registration District No. 5137 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. days. How long in U. S. if of foreign birth yrs. mos. days.

2. FULL NAME Clarence Moffett

(a) Residence: No. St., Ward
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

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

6. DATE OF BIRTH 4-10, 1885
(Month) (Day) (Year)

7. AGE Years 1 Months 2 Days 20 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) Mo

PARENTS

13. NAME OF FATHER Rube Moffett

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

15. MAIDEN NAME OF MOTHER Titchner

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

17. INFORMANT (Address) J E Moffett

18. BURIAL, CREMATION, OR REMOVAL
Place Pollard Ark. Date 7-20, 1936

19. UNDERTAKER (Address) Russell Piggott Ark

20. Filed Aug 10 1936 Scott Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7-20, 1936
(Month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from 7-10, 1936, to 7-20, 1936

I last saw him alive on 7-14, 1936; death is said to have occurred on the date stated above at 14 m.

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

Colitis acute

Date of onset

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) J P Hiller, M. D.

(Address) Pollard Ark

...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.

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN