

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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

Do Not Use This Space  
38319  
819

1. PLACE OF DEATH  
County New Madrid NOV 20 1937

Registration District No. 345  
Primary Registration District No. 4553

Township \_\_\_\_\_  
Inc. Town \_\_\_\_\_  
City Matthew Mo

(No. \_\_\_\_\_) (If death occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2. FULL NAME David Harold Dams  
(a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident, 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 May 6, 1936  
(Month) (Day) (Year)

7. AGE Years 1 Months 4 Days 23 If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Infant  
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) Pocahontas, Ark.

13. NAME OF FATHER David Arthur Dams

14. BIRTHPLACE OF FATHER (City or Town) (State or Country) Pocahontas, Arkansas

15. MAIDEN NAME OF MOTHER Nella M. Ruine

16. BIRTHPLACE OF MOTHER (City or Town) (State or Country) Pocahontas, Ark.

17. INFORMANT Matthew Mo. Rt 3  
(Address)

18. BURIAL, CREMATION OR REMOVAL Place Masonic Date 9-30-1937

19. Undertaker McNabb-Und. Co.  
(Address) Pocahontas, Ark.

20. Filled 10 31 Mo. 1937 Registrar W. M. Dams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 29, 1937  
(Month, Day, Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1937, to Sept 29, 1937

I last saw him alive on Sept 26, 1937; death is said to have occurred on the date stated above at 4:45 A.M.. The principal cause of death, and related causes of importance, were as follows:

Gastro-Enteritis Date of onset X

Other contributory causes of importance: WAB  
Bottle Fed baby

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chloral Was there an autopsy? no

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? no

If so, specify \_\_\_\_\_ (Signed) E. S. Jones M. D.  
Address Ribdown, Mo

# 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
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other contributory causes of importance:

<i>Gallstones</i>	May 1, 1923
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### EXAMPLE II

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

	Date of Onset
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other contributory causes of importance:

<i>Gastroenteritis</i>	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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