

THIS IS A PERMANENT RECORD. Every item of information 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.

JAN 25 1938

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

Do Not Use This Space
46968

1. PLACE OF DEATH
County: Stone
Township: Pine
Inc. Town: Blue Eye Mo.
City: Blue Eye Mo.

Registration District No. 1033
Primary Registration District No. 6113 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: Leon McJury
(a) Residence: No. _____ St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): single
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: None
6. DATE OF BIRTH: Sept. 18, 1937
(Month) (Day) (Year)
7. AGE: Years _____ Months 2 Days 18
If LESS than 1 day _____ hrs. or _____ min.

21. DATE OF DEATH: 12-6, 1937
(Month, day, year)
22. I HEREBY CERTIFY, That I attended decedent from 12-3, 1937, to 12-6, 1937.
I last saw him alive on 12-6, 1937; 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:
Pneumonia (lobar)
Date of onset _____

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 _____

Other contributory causes of importance: 108

PARENTS
12. BIRTHPLACE (city or town) (State or country): Blue Eye Mo.
13. NAME OF FATHER: Tom McJury
14. BIRTHPLACE OF FATHER (city or town) (State or country): Blue Eye Mo.
15. MAIDEN NAME OF MOTHER: Anna Williams
16. BIRTHPLACE OF MOTHER (city or town) (State or country): Stone Co. Mo.

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 _____

17. INFORMANT: Lonnie McJury
(Address) Blue Eye Mo.
18. BURIAL, CREMATION, OR REMOVAL
Place: McCallough Cemetery, 12/7, 1937
19. UNDERTAKER: Esley K. Baker
(Address) Manassas
20. Filed: 12/7, 1937. Chester D. Scott, Registrar

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify: _____
(Signed) Chas. C. Curtis, M. D.
(Address) Beersville, Ark.

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	Date of Onset	EXAMPLE II	Date of Onset
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:	
<i>Arteriosclerosis</i>	1915	<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Chronic interstitial nephritis</i>	1921	<i>Run over by street car</i>	<i>1 week ago</i>
<i>Cerebral hemorrhage</i>	July 5, 1927	<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:		Other contributory causes of importance:	
<i>Gallstones</i>	May 1, 1923	<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
