

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.

1. PLACE OF DEATH **REC'D APR 9 1938** **ARKANSAS STATE BOARD OF HEALTH**
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

Do Not Use This Space
11385

County **Mc Donald**
 60 **Elba Rivers** Registration District No. **963**
 Township **Elba Rivers** Primary Registration District No. **3-692** File No. **180 Reg 3-3**
 Inc. Town or **Noel, Mo.** (No. _____ St. _____ Ward _____)
 City _____ (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 **Otie W. Reed** **3 60**
 (a) Residence: No. **Noel, Mo. R.R. 1** 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) **Widowed**

21. DATE OF DEATH **Feb 27** 19**38**
 (Month, Day, Year)

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of _____

22. I HEREBY CERTIFY that I attended deceased from **Feb 27** 19**38** to **Feb 27** 19**38**
 I last saw him alive on _____ 19____; death is said to have occurred on the date stated above at **12:20 noon**.
 The principal cause of death, and related causes of importance, were as follows:

6. DATE OF BIRTH **May 4** **869**
 (Month) (Day) (Year)

This man died of heart attack according to the history and all available evidence. He was dead when I arrived. No evidence of force play. Had been complaining of chest trouble for some time before death.

7. AGE Years Months Days If LESS than 1 day
68 9 23 _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. **Farmer**
 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) **Lusbys Mill, Ky.**

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

PARENTS 13. NAME OF FATHER **Xerxes C. Reed**
 14. BIRTHPLACE OF FATHER (City or Town) (State or Country) **Kentucky**

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of injury **Feb 27** 19**38**

15. MAIDEN NAME OF MOTHER **Martha Holbrook**
 16. BIRTHPLACE OF MOTHER (City or Town) (State or Country) **Ky.**

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 **W.L. Knickmeyer, Gravette, Ark.**
 (Address)

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION OR REMOVAL
 Place **SW City cemetery** Date **3-1** 19**38**

19. Undertaker **T.H. Haywood, Gravette, Ark.**
 (Address)

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) **J.H. Beard** M. D.
 Address **Jefferson Springs, Ark.**

20. Filed **2-28** 19**38** **J.C. O'Leary** Registrar **465**

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:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other contributory causes of importance:

Gallstones

Date of Onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

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

Attack of epilepsy

Run over by street car

Peritonitis

Other contributory causes of importance:

Gastroenteritis

Date of Onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
