REG'D JUL 14 1938

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

Do Not Use This Space
23122

1. PLACE OF DEATH
County Stone
Township Jerine
Inc. Town or 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 Edward Lee Webb 100
(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 Wh.
5. Single, Married, Widowed, or Divorced (write the word) Single.
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of
6. DATE OF BIRTH Mar 15 (Month) (Day), 1938 (Year)
7. AGE Years 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. Baby.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years spent in this occupation) 0

12. BIRTHPLACE (city or town) (State or Country) Blue Eye Mo

PARENTS
13. NAME OF FATHER Kenneth E. Webb
14. BIRTHPLACE OF FATHER (City or Town) (State or Country) ~~Blue Eye~~ Chamiled Tenn.
15. MAIDEN NAME OF MOTHER Lucile Tanwinkle
16. BIRTHPLACE OF MOTHER (City or Town) (State or Country) Missouri

17. INFORMANT Kenneth E. Webb
(Address) Blue Eye Mo.
18. BURIAL, CREMATION OR REMOVAL
Place Blue Eye Mo. Date 6-6, 1938
19. ~~Undertaker~~ Stone
(Address)
20. Filed July 19 38 Chester D. Scott Registrar 759

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 5, 1938 (Month, Day, Year)
22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw him alive on 6-3, 1938 death is said to have occurred on the date stated above at 8 p.m.
The principal cause of death, and related causes of importance, were as follows:
Pneumonia Lobar Date of onset 2 days
Contributory (?) Pneu.
Other contributory causes of importance: Acute Appendicitis 12 C
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) A. L. Carlson M. D.
Address Berryville Ark.

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.

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