

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.

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

Do Not Use This Space  
28227  
 2011

1. PLACE OF DEATH RECORDED 23 1938  
 County Barry  
 Township Liberty  
 Inc. Town or City Do Salyer, Cassville  
 Length of residence in city or town where death occurred 7 yrs., 1 mos., 2 days. If born in U. S., if of foreign birth? 4.25 yrs., 5 mos., 5 days.

Registration District No. 34 Primary Registration District No. 5050 File No. 19  
 (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 (Usual place of abode) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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) Married

6a. If married, widowed or divorced, HUSBAND of Kelenda Clayton (or) WIFE of

6. DATE OF BIRTH May 25 1862  
 (Month) (Day) (Year)

7. AGE 75 Years 2 Months 29 Days If LESS than 1 day \_\_\_\_\_ 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. Renter  
 10. Date deceased last worked at this occupation (month & year) May 10 1938 Total time (years & months) spent in this occupation Life

12. BIRTHPLACE (City or town) (State or Country) Lawrence Co Mo

13. NAME OF FATHER Newton Clayton

14. BIRTHPLACE OF FATHER (City or Town) (State or Country) No Record

15. MAIDEN NAME OF MOTHER Mary Cantrell

16. BIRTHPLACE OF MOTHER (City or Town) (State or Country) No Record

Mrs Ida Butler

17. INFORMANT (Address) RFD Exeter Mo

18. BURIAL, CREMATION OR REMOVAL Place Maplewood Date 8/25 1938

19. Undertaker (Address) Cassions Funeral Home Rogers, Ark

20. Filed 8-25-1938 Mrs. H. O. Searcy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 24 1938  
 (Month, Day, Year)

22. I HEREBY CERTIFY, That I attended deceased from aug 21 1938, to aug 21 1938

I last saw deceased on aug 21 1938; death is said to have occurred on the date stated above at 7 PM m. The principal cause of death, and related cause of importance, were, as follows:

Analysis of vocal cords Date of onset 1938

Other contributory causes of importance: Chronic Inflammation

Chronic Inflammation & Diarrhea

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) Blount H. Salyer M. D. Address Cassville Mo.

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22A

# 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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

← Mrs. Seaman  
 & her husband

District File Number 6-3856  
 Date Filed 9/19/32