

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. *Corrected may 24 by aff days*

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

Do Not Use This Space  
29651

1. PLACE OF DEATH **Pemiscott**  
 County ~~Missouri~~  
 Township \_\_\_\_\_  
 Inc. Town or City **Hayti**  
 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 **William H Bolen**  
 (a) Residence: No. **Hayti Mo** St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and state)

Registration District No. **1053**  
 Primary Registration District No. **4390** File No. \_\_\_\_\_  
 (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male**  
 4. COLOR OR RACE **White**  
 5. Single, Married, Widowed, or Divorced (write the word) **Married**  
 6a. If married, widowed, or divorced, HUSBAND of **Daisy Bolen** (or) WIFE of \_\_\_\_\_  
 6. DATE OF BIRTH **Sept 3<sup>rd</sup> 1868**  
 (Month) (Day) (Year)  
 7. AGE 

Years	Months	Days	If LESS than 1 day
<b>74 70</b>	<b>9</b>	<b>29</b>	hrs. or min.

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  
*Retired*

12. BIRTHPLACE (city or town) (State or country) **Kentucky**  
 13. NAME OF FATHER **Unobtainable**  
 14. BIRTHPLACE OF FATHER (city or town) (State or country) \_\_\_\_\_  
 15. MAIDEN NAME OF MOTHER \_\_\_\_\_  
 16. BIRTHPLACE OF MOTHER (city or town) (State or country) \_\_\_\_\_

**Mrs Daisy Bolen**  
 17. INFORMANT (Address) **Hayti Mo**  
 18. BURIAL, CREMATION, OR REMOVAL Place **Woodlawn** Date **7 3 1938**  
 19. UNDERTAKER **Holt Funeral Home** (Address) **Plytheville Ark**  
 20. Filed \_\_\_\_\_, 19\_\_\_\_, Registrar \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH **July 1st 1938**  
 (Month, day, year)  
 22. I HEREBY CERTIFY That I attended deceased from **July 13 1938** to **June 29 1938**  
 I last saw him alive on **June 29 1938**; death is said to have occurred on the date stated above at **8.5** m.  
 The principal cause of death, and related causes of importance, were as follows:  
**Original Diagnosis - Not Determined - Same intestinal condition with Complications of the Heart**  
 Other contributory causes of importance:  
**Senility**  
 Date of onset **6/1/38**  
 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 \_\_\_\_\_  
 Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify \_\_\_\_\_  
 (Signed) **W. R. Linbaugh** M. D.  
 Address **Hayti 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:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of Onset

*1915*

*1921*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*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*

Date of Onset

*1 week ago*

*1 week ago*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29651  
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 65-3  
(b) Township..... Primary Registration District No. 4390 Registered No. 93  
(c) City Hayti (d) Street No..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William E Bolen

(a) Residence, No. Hayti mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daisy Bolen 1868

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 70 9 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as 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) Kentucky

FATHER 13. NAME unobtainable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs Daisy Bolen Hayti mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE 7-3-38

19. FUNERAL DIRECTOR (ADDRESS) Holt Funeral Home Hayti Ark.

20. FILED 10-10 1938 JWR Rhoads Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1938

22. I HEREBY CERTIFY That I attended deceased from June 13 1938 to June 29 1938  
I last saw him alive on June 29 1938. Death is said to have occurred on the date stated above, at 8:57 a.m.  
The principal cause of death and related causes of importance were as follows:

Definite Diagnosis not determined, some intestinal condition with complications of the heart

Other contributory causes of importance:

Senility

Name of operation none Date of.....

What test confirms no confirmation 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..... 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? No  
If so, specify

(Signed) W. R. Limbaugh, M. D.

(Address) Hayti Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

SUPPLEMENT

S-29651