

WRITE PLAINLY WITH UNFADING INK—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.

1. PLACE OF DEATH  
 County Newton 1933 / Registration District No. 608  
 Township Franklin Primary Registration District No. 5807A File No. 20  
 Loc. Town or City Stella (No. Cardwell hospital Stella Mo.)  
 Length of residence in city or town where death occurred 2 hours How long in U. S., if of foreign birth? \_\_\_\_\_ yrs., \_\_\_\_\_ mos., \_\_\_\_\_ days.

2. FULL NAME George O. Lornes  
 (a) Resident: No. Shavette Ark St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and state)

Do Not Use This Space  
 22813

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) married

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

6. DATE OF BIRTH Feb 1 1911  
 (Month) (Day) (Year)

7. AGE 28 Years 4 Months 26 Days 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. Farmer  
 10. Date deceased last worked at this occupation (month and year) 1936  
 11. Total time (years spent in this occupation)

12. BIRTHPLACE (city or town) (State or Country) Temple Okla

PARENTS  
 13. NAME OF FATHER Albert Lornes  
 14. BIRTHPLACE OF FATHER (City or Town) (State or Country) Not Known  
 15. MAIDEN NAME OF MOTHER Not Known  
 16. BIRTHPLACE OF MOTHER (City or Town) (State or Country) \_\_\_\_\_

17. INFORMANT (Address) Mrs Estella Lornes Shavette Ark.

18. BURIAL CREMATION OR REMOVAL Place Gravette Ark Date 6-28 1939

19. Undertaker (Address) J.H. Hayward Shavette Ark.

20. Filed July 6 1939 Ada Collings Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 27 1939  
 (Month, Day, Year)

22. I HEREBY CERTIFY, That I attended deceased from 6-1 1939 to 6-27 1939  
 I last saw him alive on 6-27 1939; death is said to have occurred on the date stated above at 16 A. m.  
 The principal cause of death, and related causes of importance, were as follows:

Syphilis  
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Other Contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chine 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?

If so, specify Cardwell M. D.  
 (Signed) \_\_\_\_\_

Address Stella Mo

JAN 10 1946

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:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other contributory causes of importance:

<i>Gall stones</i>	May 1, 1923
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**EXAMPLE II**

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

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other contributory causes of importance:

<i>Gastroenteritis</i>	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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