

N. B.—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		21. DATE OF DEATH	
County <u>Pennicott</u> <u>REC'D JUL 26 1939</u>		June 29 1939 (Month, day, year)	
Towship <u>Holbrook</u>		Registration District No. <u>628</u>	
In. Town or City <u>Holbrook</u>		Primary Registration District No. <u>628</u>	
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.		File No. <u>22890</u>	
2. FULL NAME <u>James Crawley</u>		(No. ... St., ... Ward)	
(a) Residence: No. <u>State St.</u> Ward <u></u>		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
(Usual place of abode)		(If non-resident, give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>M</u>	4. COLOR OR RACE <u>Col</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of <u>Rosebell Cross</u>			
6. DATE OF BIRTH <u>1882</u>			
(Month) (Day) (Year)			
7. AGE <u>59</u>			
Year Months Days If LESS than 1 day			
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. <u>Farmer</u>		
	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) <u>Tenn.</u>			
PARENTS	13. NAME OF FATHER <u>Robert Crawley</u>		
	14. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Tenn.</u>		
	15. MAIDEN NAME OF MOTHER <u>Miner was Crawley</u>		
16. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Tenn.</u>			
17. INFORMANT <u>Mattie Lane</u>			
(Address)			
18. BURIAL, CREMATION, OR REMOVAL			
Place <u>Ark. State Inst.</u> Date <u>July 2, 1939</u>			
19. UNDERTAKER <u>Beattie Allen</u>			
(Address)			
20. Filed <u>578</u> , 19 <u>578</u> , Registrar			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH <u>June 29 1939</u>			
22. I HEREBY CERTIFY, that I attended deceased from <u>June 28, 1939, to June 29, 1939</u>			
I last saw him alive on <u>June 29, 1939</u> ; death is said to have occurred on the date stated above at <u>10:15 P.M.</u>			
The principal cause of death, and related causes of importance, were as follows:			
<u>Remittent Fever</u>			Date of onset
<u>38°</u>			
Other contributory causes of importance: <u>Hepatitis toxaemia</u>			
Name of operation <u>None</u> Date of <u></u>			
What test confirmed diagnosis <u>None</u> Was there an autopsy? <u>Yes</u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? <u>No</u> Date of injury <u>None</u> , 19 <u></u>			
Where did injury occur? <u>None</u>			
(Specify city or town, county, and state)			
Specify whether injury occurred in industry, in home, or in public place			
Manner of injury <u>None</u>			
Nature of injury <u>None</u>			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify <u>None</u>			
(Signed) <u>B. E. Roberts</u> M. D.			
Address <u>1, Beulah</u>			

# 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	Date of Onset	EXAMPLE II	Date of Onset
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
<i>Arteriosclerosis</i>	<i>1915</i>	<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>	<i>Run over by street car</i>	<i>1 week ago</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>	<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:		Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>	<i>Gastroenteritis</i>	<i>1 year</i>

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

22890  
Do not use this space.

1. PLACE OF DEATH

(a) County Jemmes Registration District No. 616  
 (b) Township Holland Primary Registration District No. 6281 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (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

(a) Residence, No. James Crowley 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 m 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosebell Cross  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1882  
 7. AGE YEARS 39 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Jarmer  
 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) Perm  
 FATHER 13. NAME Robert Crowley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perm  
 MOTHER 15. MAIDEN NAME Princess Crowley  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perm  
 17. INFORMANT (ADDRESS) Mattie Lane  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ark State Home DATE 7-2 1939  
 19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_  
 20. FILED 8-4 1939 Tom Bugance Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29 1939  
 22. I HEREBY CERTIFY, That I attended deceased from June 8 to 6-29 1939  
 I last saw him alive on 6-29 1939. Death is said to have occurred on the date stated above, at 10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Repetitive Fevers  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
Hepatitis toxaemia  
 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 B. E. Roberts, M. D.  
 (Signed) Blytheville Ark.  
 (Address) \_\_\_\_\_

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.

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

