

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

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Do Not Use This Space
43950

1. PLACE OF DEATH
 County McDonalds
 Township White Rock
 Inc. Town or City Jane, Mo.
 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.

Registration District No. 1149
 Primary Registration District No. 5627
 (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 Male
 4. COLOR OR RACE White
 5. Single, Married, Widowed or Divorced (write the word) Widowed
 6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Crabtree
 6. DATE OF BIRTH August 4, 1845
 (Month) (Day) (Year)
 7. AGE Years 94 Months 1 Days 1
 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. Own Farm
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years spent in this occupation) Life

12. BIRTHPLACE (city or town) (State or Country) Terre Haute, Indiana

PARENTS
 13. NAME OF FATHER Levi Blevins
 14. BIRTHPLACE OF FATHER (City or Town) (State or Country) Unknown
 15. MAIDEN NAME OF MOTHER Cynthia Ann McE...
 16. BIRTHPLACE OF MOTHER (City or Town) (State or Country) Unknown

(Son) Frank Blevins

17. INFORMANT (Address) Jane, Mo.

18. BURIAL, CREMATION OR REMOVAL Place Summet Cemetery Sexte 6 . 19 39

19. Undertaker (Address) Burns Funeral Home Bentonville, Ark. 467

20. Filed 1-6-1940 L. O. Carnall

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 5, 1939
 (Month, Day, Year)
 22. I HEREBY CERTIFY, That I attended deceased from Aug, 1939, to _____, 19____.
 I last saw _____ alive on Aug., 19____; death is said to have occurred on the date stated above at 6 P. m.
 The principal cause of death, and related causes of importance, were as follows:
Chronic Nephritis
Sinility

Other Contributory causes of importance: 171

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) L. O. Carnall M. D.

Address Pea Ridge Ark.

RECEIVED 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 *distiller* 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*, *maid*, *family*, *cook*, *hotel*, etc. For a person who had no occupation whatever, write *none*.

RECEIVED
 District Health Officer No. 6,
 District File Number 140-112
 APR 9 1

- 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>	1915	<i>Attack of epilepsy</i>	1 week ago
<i>Chronic interstitial nephritis</i>	1921	<i>Run over by street car</i>	1 week ago
<i>Cerebral hemorrhage</i>	July 5, 1927	<i>Peritonitis</i>	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
<i>Gall stones</i>	May 1, 1923	<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
