

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.

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

State File No. 43357
 Registrar's No. J. W. Prussell

JAN 8 1941

Registration District No. _____
 Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County Oregon
 (b) Township Cedar Bluff
 (c) City or Town St. Leonard Ward _____
 (d) Name of Hospital or Institution _____
 (If not in hospital or institution write street number or location)
 (e) Length of stay: In hospital or institution _____
 (Specify whether years, months or days)
 In this community about 2 yrs.
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Oregon
 (c) City or town _____
 (If outside city or town limits, write Rural Number)
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME Isiah Napoleon Barrels

3(b) If veteran, name war none

3(c) Social Security No. none

4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced widowed

6(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 22
 (Month) (Day) (Year)

8. Age: 86 1 18
 Years Months Days If less than one day
 hr. min.

9. Birthplace Randolph Co Ark.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name John Barrels

13. Birthplace S. Carolina
 (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
 (City, town, or county) (State or foreign country)

16(a) Informant's own signature E. N. Smith

(b) P. O. address Warm Springs, Ark. R.T. 1

17(a) Burial (b) Date thereof Nov. 11-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial Maple cemetery

18(a) Signature of funeral director W. M. Webb
 (b) P. O. address Coca, Ark.

19(a) 11-11-1940 (b) W. M. Webb
 (Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION
 20. Date of death: Month November day 10 year 1940
 21. I hereby certify that I attended the deceased from Oct 8, 1940, to Nov. 10, 1940; that I last saw him alive on Nov. 10, 1940, and that death occurred on the date stated above at 7:25 P. M.
 Immediate cause of death Chronic Bronchitis Date of Onset 1937
 Due to Bronchitis 10/6/40
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature J. W. Prussell M. D.
 Address Paris, Ark. Date signed 11-8-40

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:

The trade, profession, or particular kind of work done.

10. Usual occupation.

11. Industry or business.

In stating the occupation avoid the use of indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinster, 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 complications 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

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:

Gall stones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
