

FILED SEP 11 1942

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

27078

Registration District No. 286  
Primary Registration District No. 5-4-0-4 1170

State File No. \_\_\_\_\_  
Registrar's No. 11

1. PLACE OF DEATH:  
(a) County Dunklin  
(b) Township \_\_\_\_\_  
(c) City or Town Holcomb, Mo. 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 50 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Dunklin <sup>35</sup>  
(c) City or town Holcomb R. 1 0  
(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.? 0 years

3(a) FULL NAME Ellen Fuller

3(b) If veteran, name war \_\_\_\_\_  
3(c) Social Security No. \_\_\_\_\_

4. Sex female / race white / divorced married  
5. Color or \_\_\_\_\_  
6(a) Single, widowed, married, \_\_\_\_\_  
6(b) Name of husband or wife William C. Fuller  
6(c) Age of husband or wife if alive D. K. years  
7. Birth date of deceased Jan. 1 1882  
(Month) (Day) (Year)

8. Age: 60 7 30 if less than one day  
Years Months Days hr. min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Minor Rivale  
13. Birthplace Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Materson  
15. Birthplace D. K.  
(City, town, or county) (State or foreign country)

16(a) Informant's own signature John Fuller  
(b) P. O. address Holcomb, Mo.

17(a) Burial (b) Date thereof Sept. 2, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Gregory Cemetery

18(a) Signature of funeral director Robert J. Jernigan  
(b) P. O. address Biggsville, Mo.

19(a) Sept. 8 1942 (b) M. M. Blankenship  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Aug. day 31 year 19 42  
21. I hereby certify that I attended the deceased from Aug 15, 1942  
to Aug 31st, 1942, that I last saw him alive on Aug 31st,  
and that death occurred on the date stated above at 11:30 p.m.

Immediate cause of death Cholecystitis

Due to 78d

Other conditions Malocclusion  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations no ops.  
Of autopsy none

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_  
23. Signature John C. ...  
Address ... Date signed 9/1/42

Date of Onset \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

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.

SEP 25 1942

ARKANSAS STANDARD CERTIFICATE OF DEATH

District Health Office No. 2  
 District File Number 942-1188  
 Date Filed 9-10-42

**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 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 "mechaic," 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:

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

Other contributory causes of importance:

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

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

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

Other contributory causes of importance:

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

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