

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.

FILED OCT 9 1942

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

34492

Registration District No. 269
Primary Registration District No. 5902

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH:
(a) County Franklin Co.
(b) Township Franklin
(c) City or town Franklin
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Franklin Co.
(c) City or town Holland Mo. (If outside city or town (limits, write Rural Number)
(d) Street No. 30 (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

3(a) FULL NAME Ollie Jane Long
3(b) If veteran, Name war no 3(c) Social Security No. no
4. Sex Female 5. Color or race Col. 6(a) Single, widowed, divorced, or married Widowed
6(b) Name of husband or wife _____
6(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec - - 1892
(Month) (Day) (Year)

20. Date of death: Month Sept day 14 year 19 42
21. I hereby certify that I attended the deceased from Aug 15, 19 42
to 9-13-42, 19 _____; that I last saw him alive on _____, 19 _____, and that death occurred on the _____, 19 _____, at _____ H.

8. Age: Years 49 Months 0 Days 0 hr. _____ min. (If less than one day)
9. Birthplace Franklin Mo. (City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name Henry Young
13. Birthplace Franklin Mo. (City, town, or county) (State or foreign country)
14. Maiden name Yarbelle
15. Birthplace Franklin Mo. (City, town, or county) (State or foreign country)

Immediate cause of death Colitis
Due to Colon Bacillus
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: 119a
Of operations _____
Of autopsy _____

16. Informant's own signature Henry Young
(a) P. O. address Holland Mo.
17(a) (Burial, cremation, or removal) buried (b) Date there Sept 14 1942
(Month) (Day) (Year)
(c) Place: Burial or cremation Franklin
18(a) Signature of funeral director Franklin
(b) P. O. address Franklin
19(a) (Date received local registrar) _____ (b) (Registrar's signature) R. D. O.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 R. D. O. B. D.
Address Holland Mo. Date signed 9-14-42

Date of Onset Aug 1 - 42
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 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 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>

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>Gall stones</i>	<i>May 1, 1923</i>
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Other contributory causes of importance:

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

APR 15 1928

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34492

Registration District No. 269

Primary Registration District No. 5908

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pemiscot
 (b) City or town Holland, Miss Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot
 (c) City or town Herrmandale
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Oliver Young

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race B

6. (a) Single, widowed, married, divorced w.

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec (Month) 19 (Day) 1942 (Year)

8. AGE:

Years	Months	Days	If less than one day
			min.

9. Birthplace _____

(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Oliver Young

13. Birthplace _____

(City, town, or county) (State or foreign country)

14. Maiden name Franklin

15. Birthplace _____

(City, town, or county) (State or foreign country)

16. (a) Informant Henry Young

(b) Address Herrmandale, Mo.

17. (a) _____

(b) Date thereof 9-14-42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ch.

18. (a) Signature of funeral director George Carter

(b) Address ch.

19. (a) 12-5-42

(b) C. C. Limbaugh

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____; that I first saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death colitis

Duration 87-42

Due to Colon Bacillus

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. C. McLean (M. D. or other)

Address Herrmandale, Mo. Date signed 9-14-42

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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9288

1942

S-34492