

County Barry 21663-1
 Township Sugar Creek Registration District No. 36 File No. 21663-C
 Inc. Town or City _____ (No. _____) St.; _____ Ward _____
 Primary Registration District No. 5052 Registered No. _____

2 FULL NAME James Hogey
 (a) Residence. No. _____ St., _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

If death occurred in a hospital or institution, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR or RACE white 5 Single, Married, Widowed, or Divorced (write the word) married
 6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6 DATE OF BIRTH Sept. 20, 1846
 Month Day Year

15 DATE OF DEATH July 27, 1926
 Month Day Year
 17 I HEREBY CERTIFY, That I attended deceased from July 20, 1926, to July 27, 1926, that I last saw him alive on July 25, 1926, and that death occurred, on the date stated above, at 1:30 m. The CAUSE OF DEATH* was as follows:
myocarditis

7 AGE 81 10 7
 Years Month Days If LESS than 1 day,..... hrs. or..... min.
 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business or establishment in which employed (or employer) _____
 (c) Name of employer Scott Co., Va.

18 Where was disease contracted _____
 (1) If not at place of death? _____
 Did an operation precede death? no Date of _____
 Was there an autopsy? no
 What test confirmed diagnosis? unperf
 (Signed) Henry Parr M. D.
July 27, 1926 (Address) Beulah Springs, Ark.

9 BIRTHPLACE (city or town) (State or country) Scott Co., Va.
 10 NAME OF FATHER Luke Hogey
 11 BIRTHPLACE OF FATHER (city or town) (State or country) Scott Co., Va.
 12 MAIDEN NAME OF MOTHER POWERS
 13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scott Co., Va.

18 Where was disease contracted _____
 (1) If not at place of death? _____
 Did an operation precede death? no Date of _____
 Was there an autopsy? no
 What test confirmed diagnosis? unperf
 (Signed) Henry Parr M. D.
July 27, 1926 (Address) Beulah Springs, Ark.

14 Informant Henry Barney
 (Address) Delizman, Mo.
 15 Filled 7/28, 1926 B.R. Osborne
 Registrar

19. PLACE OF BURIAL, CREMATION, or REMOVAL W. Scholler Cem., Benton Co., Ark. DATE OF BURIAL July 28, 1926
 20 UNDERTAKER W. J. Reynolds ADDRESS _____

Burial or Transit Permit issued by _____ Date of issue _____

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 full terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Stencil on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by

U. S. Census and American Public Health Association]

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: "(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, *first*, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse,"

"Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Certificates may be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: *Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus*.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.