1 PLACE OF DEATH

County: Dunklin

Township: Out Ward

Inc. Town or City: Malden (No. 4 St.; Ward)

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

Registration District No. 1-0-21 File No. 1936 / 309,40

Primary Registration District No. 5-4-87 Registered No.

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

2 FULL NAME: Vernon Stalnaker

(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.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR or RACE: W

5 Single, Married, Widowed, or Divorced (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH: 9 (Month) 11 (Day), 1881 (Year)

7 AGE: Years 5 | Months 3 | Days | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ✓
(b) General nature of industry, business or establishment in which employed (or employer):
(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Y

PARENTS
10 NAME OF FATHER: Jno. Elmo Stalnaker
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ill
12 MAIDEN NAME OF MOTHER: Bertha Hartman
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ark

14 Informant: John Hardin
(Address): Braton

15 Filed 9-15, 1931 M. O. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 9 (Month) 14 (Day), 1931 (Year)

17 I HEREBY CERTIFY, That I attended deceased from now 19 to 19, that I last saw h alive on 19, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH was as follows:
State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Auto accident instant

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
What operation performed?
Was there an autopsy?
What test confirmed diagnosis?

(Signed) now M. D.
19 (Address)

19. PLACE OF BURIAL, CREMATION, or REMOVAL: Manila — DATE OF BURIAL: 9/15 1931

20 UNDERTAKER: John Hardin — ADDRESS: Braton

Burial or Transit Permit issued by M. O. 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 plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 24 1936

# 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, Compositor, 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"); *Diptheria* (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 HOMOCIDAL, 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.

Mr. John Harden
Rector, Arkansas

Dear Sir:

We have a death certificate in this office for Vernon Staten, who died September 14, 1931--killed in auto accident, which you signed as both informant and undertaker. However, under # 1, "Place of Death" -- Clay, Mo. is given. We are writing you to inquire whether or not this death occurred in Missouri, or in Clay County, Arkansas. If the death occurred in Missouri, even though the deceased was a resident of Arkansas, the certificate should be filed with the Bureau of Vital Statistics of the State Board of Health of Missouri, instead of this Bureau.

Kindly answer the questions at the bottom of this page and let us have by return mail. We enclose a self-addressed stamped envelope for your return of this information. Thanking you, we are

Very truly yours,

BUREAU OF VITAL STATISTICS

Mary Ellis Brown

Mrs. Mary Ellis Brown, S.
Statistician.

VS.

PLACE OF DEATH OF VERNON STATEN Malden, Missouri

RESIDENCE OF VERNON STATEN Rupo, Illinois

AGE OF VERNON STATEN 3 months & some days

(2) 30944