

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1. PLACE OF DEATH

County M. & D. Original
 Township North

ARIZONA STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 No. 1078
 Registration District No. 1
 Primary Registration District No. 5695

Do Not Use This Space
 41816

Inc. Town or City (No. (If death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

2. FULL NAME Jimmy Earl Palmer
 (a) Residence: No. St. Ward (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Married

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

6. DATE OF BIRTH 11 30 1930
 (Month) (Day) (Year)

7. AGE Years Months Days If LESS than 1 day
10 hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. L
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years spent in this occupation)

12. BIRTHPLACE (city or town) (State or Country) North

13. NAME OF FATHER Archie Palmer

14. BIRTHPLACE OF FATHER (City or Town) (State or Country) Huntsville

15. MAIDEN NAME OF MOTHER Earl Henderson

16. BIRTHPLACE OF MOTHER (City or Town) (State or Country) Brussels

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL Place Date 19

19. Undertaker (Address)

20. Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11 30 1930
 (Month, Day, Year)

22. I HEREBY CERTIFY, That I attended deceased from 11 25 1930 to 11 30 1930
 I last saw ~~her~~ alive on 11 30 1930; death is said to have occurred on the date stated above at 3 P m.
 The principal cause of death, and related causes of importance, were as follows:

Bursho Poisoning

Other contributory causes of importance:
1
2

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

28. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of injury 19
 Where did injury occur? (Specify City or Town, County, and State) 12
 Specify whether injury occurred in industry, in home, or in public place

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Red Badge Bull
 (Signed) Red Badge Bull M. D.
 Address Red Badge Bull

109a

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:

8. The trade, profession, or particular kind of work done.
9. The industry or business in which the work was done.
10. The month and year the deceased last worked at the occupation.
11. The number of years the deceased followed the occupation.

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 complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	Date of Onset	EXAMPLE II	Date of Onset
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
<i>Arteriosclerosis</i>	<i>1915</i>	<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>	<i>Run over by street car</i>	<i>1 week ago</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>	<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:		Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>	<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41816
Do not use this space.

1. PLACE OF DEATH

(a) County Mc Donald Registration District No. 1078
 (b) Township North Primary Registration District No. 2695 Registered No.
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Johanna Dale Palmer
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED mf
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-20-37
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin. 10

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Ridge

FATHER
 13. NAME Richie Palmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Lee O. Green

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Ridge DATE 12-1-37

19. FUNERAL DIRECTOR (ADDRESS) Home Made Caskets

20. FILED 11-31-37 Lee O. Green Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30-1937

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:

B. P. Ho. Inc.
No. complications
AD&S
 Under contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: Lee O. Green, M. D.
 (Signed) (Address) Red Ridge

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

