Premiscott Co.

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

REC'D JUN 8 1938

Do Not Use This Space

19121

1. PLACE OF DEATH REC'D JUN 8 1938

County Premiscott co.

Township Holland

Inc. Town or City Hermondale Mo.

Registration District No. 656

Primary Registration District No. 6281 File No.

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

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 Jomima Cotton. 350

(a) Residence: No. Hermandale Mo. St., Ward
(Usual place of abode) (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE COL

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

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

6. DATE OF BIRTH March (Month) 1st (Day) 1899 (Year)

7. AGE Years 39 Months Days If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, 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) Miss.

PARENTS

13. NAME OF FATHER Jessie Mitchel

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

15. MAIDEN NAME OF MOTHER Ella Mitchel.

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

17. INFORMANT (Address) Frank CottoN, Hermandale MO,

18. BURIAL, CREMATION OR REMOVAL

Place Hermandle June 6 Date 1938, 19

19. Undertaker (Address) Scott Casket Beytheville Ark

20. Filed ....., 19 ....., Registrar 588

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June-8-5th, 1938 (Month, Day, Year)

22. I HEREBY CERTIFY, That I attended deceased from 5-13-38, 19 to 5-28-38, 19 38

I last saw h.. alive on 5-28-38, 19 ; death is said to have occurred on the date stated above at 7-P.M. m.

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

Hypertension — Date of onset 131

Mitral insufficiency

Other contributory causes of importance:

Chr. Parenchymatous Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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? No If so, specify

(Signed) [illegible] M. D.

Address Beytheville Ark

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

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

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

19121
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot Registration District No. 626
(b) Township Primary Registration District No. 6281 Registered No.
(c) City Holland (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 Donna Cotton
(a) Residence, No. Hermandale Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Cotton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1 1899

7. AGE: Years 39 | Months 3 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Mo

FATHER
13. NAME Jesse Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Ella Mitchell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Frank Cotton Hermandale Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hermandale DATE June 6, 1938

19. FUNERAL DIRECTOR (ADDRESS) Ford Corbett Blytheville Ark

20. FILED 6-16, 1938 Tom Bugance Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1938, to 5-28, 1938, I last saw h. er alive on 5-28, 1938. Death is said to have occurred on the date stated above, at 7 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Mitral Insufficiency	
Chronic Parenchymatous Nephritis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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? No
If so, specify
(Signed) G. W. Jones, M. D.
(Address) Blytheville Ark

SUPPLEMENTARY

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