

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

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

Do Not Use This Space
Wm. R. Foster
 [9345]

1. PLACE OF DEATH *Ripley Co. Mo.*
 County *Ripley Mo.* **REC'D JUN 7 1938**
 Registration District No. *750*
 Primary Registration District No. *5994*
 (No. *1*) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME *Norma Dean Wayman* 550
 (a) Residence: No. *550* St. *550* Ward *550*
 (Usual place of abode) (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*
 4. COLOR OR RACE *white*
 5. Single, Married, Widowed, or Divorced (write the word) *Infant*
 5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH *Feb 23 1937*
 (Month) (Day) (Year)
 7. AGE Years *1* Months _____ Days *4* If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
 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) *Ripley Co. Mo.*
 13. NAME OF FATHER *Hershel Wayman*
 14. BIRTHPLACE OF FATHER (City or Town) (State or Country) *Pocahontas Ark.*
 15. MAIDEN NAME OF MOTHER *Imogene Baker*
 16. BIRTHPLACE OF MOTHER (City or Town) (State or Country) *Reynolds Co. Mo.*
 17. INFORMANT (Address) *Hershel Wayman Pocahontas Ark.*
 18. BURIAL, CREMATION OR REMOVAL Place *Grave* Date *2-28-38*
 19. Undertaker (Address) *none*
 20. Filed *18* 19 *38* *Mo. H. M. 7/1/38* Registrar *174*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Feb. 27 1938*
 (Month, Day, Year)
 22. I HEREBY CERTIFY, That I attended deceased from *Feb 25 1938* to *Feb 27 1938*
 I last saw him alive on *Feb 26 1938*; death is said to have occurred on the date stated above at *10:30 P.M.*
 The principal cause of death, and related causes of importance, were as follows:
premature infant.

Other contributory causes of importance: *200g*

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 _____
 (Signed) *Wm. R. Foster* M. D.
 Address *Pocahontas, Ark.*

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:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other contributory causes of importance:

Gallstones

Date of Onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

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

Attack of epilepsy

Run over by street car

Peritonitis

Other contributory causes of importance:

Gastroenteritis

Date of Onset

1 week ago

1 week ago

3 days ago

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

19345-
Do not use this space.

1. PLACE OF DEATH
 (a) County Ripley Registration District No. 750
 (b) Township Union Primary Registration District No. 5994 Registered No. 1578
 (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 Norma Dean Wayman
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wf)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
1 4

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) Ripley, Mo.

FATHER
 13. NAME Hershel Wayman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pocahontas Ark

MOTHER
 15. MAIDEN NAME Inogene Baker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley, Mo.

17. INFORMANT (ADDRESS) Hershel Wayman Pocahontas Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves DATE 2-28

19. FUNERAL DIRECTOR (ADDRESS) none

20. FILED 2-25- 1934 E. B. Johnston Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 to Feb 27, 1938
 I last saw her alive on Feb 26, 1938. Death is said to have occurred on the date stated above, at 10:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Profound infant
 Date of onset

Other 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.....
 (Signed) Wm A. Loffler, M. D.
 (Address) Pocahontas Ark

RECORDED BY
INDEXED BY
CERTIFICATE

