

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 instruction on back of certificate.

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

Do Not Use This Space

39166

1. PLACE OF DEATH

County Mc Donnell Registration District No. 963 James

Township Edk River Primary Registration District No. 5692 File No. 37-

Inc. Town or City R & D No 1 (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 Luella Louise White

(a) Resident: No. noel no. St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

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

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH Nov - 18 1938

(Month) (Day) (Year)

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	1	11	9	

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) noel no (State or Country) \_\_\_\_\_

13. NAME OF FATHER Harry White

14. BIRTHPLACE OF FATHER (City or Town) Rush Co (State or Country) \_\_\_\_\_

15. MAIDEN NAME OF MOTHER Lucy Abernethy

16. BIRTHPLACE OF MOTHER (City or Town) McDonnell Co (State or Country) \_\_\_\_\_

17. INFORMANT Harry White (Address) Noel No

18. BURIAL, CREMATION OR REMOVAL Bottle Creek Cemetery, Oct 27, 1940

19. Undertaker Pratt Funeral Service (Address) Bottle T.C. Arkansas

20. Filed 11-16-1940 Registrar 4105

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 27 1940  
(Month, Day, Year)

22. HEREBY CERTIFY, That I attended deceased from 10-26 1940 to 10-27 1940

I last saw him alive on 10-26 1940; death is said to have occurred on the date stated above at 4 6:30 a.m.

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

Septic sore throat Date of onset \_\_\_\_\_

Other Contributory causes of importance: Chronic tonsillitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Cherry 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) J. G. Parvill M.D.  
Eravette, Ark Address

# 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>	1915	<i>Attack of epilepsy</i>	1 week ago
<i>Chronic interstitial nephritis</i>	1921	<i>Run over by street car</i>	1 week ago
<i>Cerebral hemorrhage</i>	July 5, 1927	<i>Peritonitis</i>	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
<i>Gall stones</i>	May 1, 1923	<i>Gastroenteritis</i>	1 year

**RECEIVED**

District Health Officer No. 6

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

**RECEIVED**

District File Number \_\_\_\_\_  
Date Filed **DEC 2 1940**

District Health Officer No. 6,  
District File Number 1140-290  
Date Filed **DEC 2 1940**

**DEC 2 1940**