

FILED APR 21 1941

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

11297
48

Registration District No. 963
Primary Registration District No. 5692

State File No. _____
Registrar's No. 218

1. PLACE OF DEATH:
(a) County McDonald
(b) Township Elk-River
(c) City or Town Maal MO Ward _____
(d) Name of Hospital or Institution _____
(If not in hospital or institution write street number or location)
(e) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County McDonald
(c) City or town Maal
(If outside city or town limits, write Rural Number)
(d) Street No. Sulphur Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? American years

3(a) FULL NAME Mary Jane Sharts

3(b) If veteran, name war _____ 3(c) Social Security No. _____

4. Sex F 5. Color or race W 6(a) Single, widowed, married, divorced Widowed

6(b) Name of husband or wife Charles Shart

6(c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Mar - 15 - 1853
(Month) (Day) (Year)

8. Age: 87 11 26
Years Months Days If less than one day hr. min.

9. Birthplace Ind Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business own home

12. Name James Coppland
13. Birthplace Louisiana
(City, town, or county) (State or foreign country)

14. Maiden name Rhoda Startuck

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16(a) Informant's own signature M. L. M. Shart
(b) P. O. address Maal Mo

17(a) Burial (Burial, cremation, or removal) (b) Date thereof 4 24 1941
(Month) (Day) (Year)

(c) Place: Burial or cremation Pinney mo.

18(a) Signature of funeral director Ralph Wyatt
(b) P. O. address Maal Mo

19(a) 38-24-1941 (Date received local registrar) (b) J. C. McDonald (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Mar day 21 year 1941
21. I hereby certify that I attended the deceased from Mar, 1940
to March 21, 1941; that I last saw him alive on
March 21, 1941, and that death occurred on the
date stated above at 9 P M.

Immediate cause of death cardiac decompensation Date of Onset Feb 1941

Due to Senility

Other conditions (include pregnancy within 3 months of death) 95C

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
465 (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature J. D. Fountain J. D. O.
Address Maal Mo Date signed March 25

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.

REPRODUCED FROM ORIGINAL FILED FOR BINDING

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:

The trade, profession, or particular kind of work done.

10. Usual occupation.

11. Industry or business.

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 complications 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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED

District Health Officer No. 6

District File Number 441-633

Date Filed Jan 13 1941