

FILED JAN 18 1943

Registration District No. 195  
Primary Registration District No. 5715

State File No. \_\_\_\_\_  
Registrar's No. 22

1. PLACE OF DEATH:  
(a) County McDonald  
(b) Township White Rock  
(c) City or Town \_\_\_\_\_ 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 42 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County McDonald  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write Rural Number)  
(d) Street No. 5 Miles Southwest of Pineville  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Native years

3(a) FULL NAME Mrs. Alice Fyffe Burks

3(b) If veteran, name war No  
3(c) Social Security No. None

4. Sex Female  
5. Color or race White  
6(a) Single, widowed, married, Widowed  
6(b) divorced 2

6(b) Name of husband or wife Charles R. Burks

6(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February - 9 1853  
(Month) (Day) (Year)

8. Age: Years 79 Months 8 Days 30  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name William H. Fyffe

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

14. Maiden name Louisa Ridgley

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

16(a) Informant's own signature E.H. Burks

(b) P. O. address Pineville, Mo.

17(a) Burial (b) Date thereof Nov 9 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Pineville Cemetery

18(a) Signature of funeral director Wm. J. Turner

(b) P. O. address Bentonville Arkansas

19(a) 12-10-1942 (b) Ira Martin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. Date of death: Month November day 8 year 19 42

21. I hereby certify that I attended the deceased from Oct 22, 19 42 to Nov 8, 19 42; that I last saw him alive on Nov 5, 19 42, and that death occurred on the date stated above at 4:15 A. M.

Immediate cause of death Bronchial Pneumonia

Due to Stasis of sputum

Other conditions Senility  
(Include pregnancy within 3 months of death)

Major findings: 101  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(Specify type of place)

23. Signature R. P. Roberts M. D.  
While at work? \_\_\_\_\_  
(to) Means of injury \_\_\_\_\_

Address P.O. Box 112 Pineville Date signed 11-8-42

Date of Onset \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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.

Turner Funeral Home - Bentonville, Ark

RECEIVED

District Health Officer

MISSOURI  
No. 8

ARKANSAS STANDARD CERTIFICATE OF DEATH

District File Number \_\_\_\_\_

**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

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

	Date of Onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gall stones</i>	<i>May 1, 1923</i>
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EXAMPLE II

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

	Date of Onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Ran over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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File Number 43-47  
 JAN 15 1943