

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. See instructions on back of certificate.

Do not use this space

21883

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

5 County Berry Registration District No. 5000
 Township Roaring Run Primary Registration District No. 38 File No. _____
 Inc. Town or City _____ (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 83 yrs. 8 mos. 5 ds. How long in U. S. if of foreign birth? 2 yrs. _____ mos. _____ ds.

2. FULL NAME Green Berry Easley
 (a) Residence: No. Berry Geo. St., _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH Nov 24 1849 (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
<u>83</u>		<u>8</u>	<u>5</u>	

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. Farmer

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) Roaring Run, Ark.

13. NAME Green Berry Easley

14. BIRTHPLACE (city or town) (State or country) Boone Co., Mo.

15. MAIDEN NAME Eveline Johnson

16. BIRTHPLACE (city or town) (State or country) Boone Co., Mo.

17. INFORMANT Elyse Easley
 (Address) Quicksilver Springs Ark. 22

18. BURIAL, CREMATION OR REMOVAL Place Boone Co., Mo. Date 29 July, 1932

19. UNDERTAKER Quicksilver Springs Ark.
 (Address) Quicksilver Springs Ark.

20. Filed 9/2, 1932 Emmie Weddington Registrar.
Undertaker Roy Nelson
Berryville Ark.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7 29, 1932
 (Month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1932, to July 18, 1932
 I last saw him alive on July 18, 1932; death is said to have occurred on the date stated above, at 1 P. M.

The principal cause of death, and related causes of importance were as follows:
Uremia
137
1322 1937

Other contributory causes of importance:
Hypertrophy of the prostate

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? W 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) J. H. Tucker M. D.
 (Address) Quicksilver Springs 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 terms, 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

Date of onset

1915

1921

July 5, 1927

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

Attack of epilepsy

Run over by street car

Peritonitis

Example II

Other contributory causes of importance:

Gallstones

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