

of DEATH. If DEATH is v. Exact statement of OCCUPATION is v. instruction on back of certificate.

1. PLACE OF DEATH County. <u>DECATUR</u> <u>21 1938</u> Township. <u>Salem</u> <u>35</u> Inc. Town or City. <u>Arbyrd, Mo.</u>		BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No. <u>290 Missouri</u> Primary Registration District No. <u>5406 Missouri</u> File No. <u>12 Salem Missouri</u> (No. (If death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward)		Do Not Use This Space <u>6662</u>	
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 <u>Charles Marie Coburn</u> <u>165</u>					
(a) Residence: No. (Usual place of abode) St. Ward (If non-resident, give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Infant</u>	
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of					
6. DATE OF BIRTH <u>May</u> <u>27</u> <u>1937</u> (Month) (Day) (Year)					
7. AGE Years Months Days If LESS than 1 day <u>0</u> <u>3</u> <u>29</u> hrs. or min.					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Infant</u>				
	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) <u>Arbyrd, Mo.</u>					
PARENTS	13. NAME OF FATHER <u>V. C. Coburn</u>				
	14. BIRTHPLACE OF FATHER (City or Town) (State or Country) <u>Missouri</u>				
	15. MAIDEN NAME OF MOTHER <u>Hazel M. Hazelan</u>				
	16. BIRTHPLACE OF MOTHER (City or Town) (State or Country) <u>Missouri</u>				
17. INFORMANT (Address) <u>V. C. Coburn</u> <u>Arbyrd, Mo.</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Silverdale Cem.</u> Date <u>9-27-1937</u>					
19. Undertaker (Address) <u>Farmers Union Assn</u> <u>Jonesboro, Ark.</u>					
20. Filed 19 <u>9</u> Registrant <u>262</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH <u>Sept. 26</u> <u>24</u> <u>1937</u> (Month, Day, Year)					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 20</u> <u>1937</u> to <u>Sept. 26</u> <u>1937</u> I last saw him alive on <u>Sept. 26</u> <u>1937</u> ; death is said to have occurred on the date stated above at <u>2:00 a.m.</u> The principal cause of death, and related causes of importance, were as follows: <u>Calities</u> <u>119 B</u> Date of onset <u>9-15-37</u>					
Other contributory causes of importance: <u>none</u>					
Name of operation <u>none</u> Date of <u>clinical</u> What test confirmed diagnosis <u>clinical</u> Was there an autopsy? <u>No</u>					
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 <u>i</u> Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify (Signed) <u>J. A. Sellman</u> M. D. Address <u>Paragould, Ark.</u>					

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Delliman, Paragould, Ark

N. B.—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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6662
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 290
(b) Township Salem Primary Registration District No. 2408 Registered No. 10
(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

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED mf

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 29

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19. _____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 4/19/38 A. S. McDaniel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

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) J. A. Dillman, M. D.

(Address) paragould ark

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