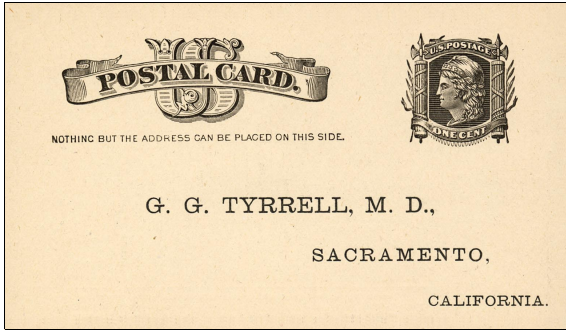


HEALTH DEPARTMENT REPORTS

UNITED STATES • 1914 / 1953

California



Usage: *earliest reported:*

latest reported:

Notes: unused example of postal card (UX7) for reporting morbidity by cause, including malaria cases

Price: D

[Please return before the 15th of each month.]

DEATH REPORT.

*Report of Deaths in
for the month of* _____ 188__

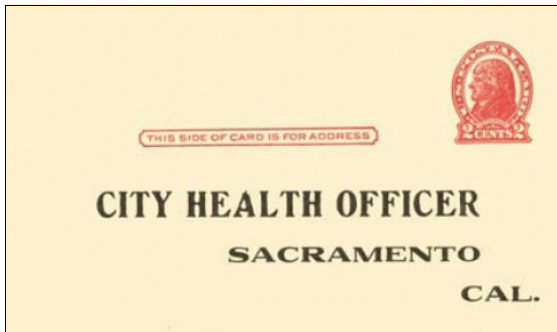
CAUSES OF DEATH.	SEXES.		AGE.
	Males.	Females.	
Cholera Infantum			
Cholera Morbus			
Dysentery and Dysentery.			
Smallpox			
Measles.			
Scarlatina			
Diphtheria			
Whooping-cough			
Croup			
Erysipelas			
Typhoid			
Typho-malarial			
Cerebro-Spinal			
Tubercular Meningitis			
Consumption			
Consumption - Acute			
Bronchitis			
Pleurisy			
Congestion of Lungs.			
Pericarditis			
Aneurism			
Cancer			
Alcoholism			
All other causes.			
Population under 1 year			
" 1 to 5 years			
" Males			
" Females			

REMARKS:
* Known and unknown.

M. D., _____

CA1

Checklist: ___



Usage: *earliest reported:*

latest reported:

Notes: unused example of postal card (UX30) for reporting contagious diseases, including malaria cases

Price: D

Contagious Disease Notice

The following diseases are reportable—
Chap. 200, Statutes 1911:

Beri-Beri Cholera Chickenpox Dengue *Diphtheria Dysentery Erysipelas German Measles *Leprasy Malaria Measles Mumps *Pellagra *Plague	Pneumonia *Poliomyelitis *Rabies *Scarlet Fever *Smallpox *Tetanus Tuberculosis Typhoid Fever *Typhus Fever Trachoma Uncinariasis *Whooping Cough *Yellow Fever	Sacramento, Cal., _____ 191__ At No. _____ Street Name of Patient _____ Number of Cases _____ Age _____ Date of Discovery _____ Signed _____ M. D. Send this to the Health Officer. Must be reported promptly.
---	---	--

Draw line through disease present.
Venereal diseases, reportable on special card. *Quarantinable

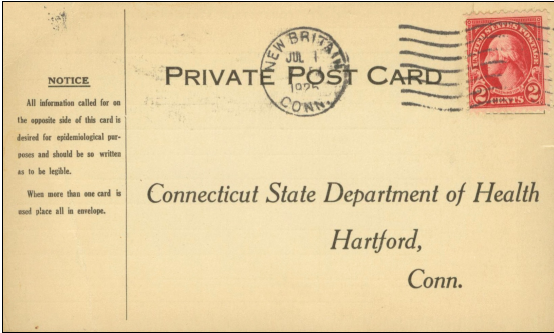
CA2

Checklist: ___

HEALTH DEPARTMENT REPORTS

UNITED STATES
•
1914
/
1953

Connecticut



Usage: earliest reported:
New Britain: July 1, 1925
latest reported:

Notes: privately printed postcard from the Connecticut Department of Health for reporting epidemiological data, including malaria cases

Price: E

DISEASES REPORTABLE Within 24 Hours		DAILY REPORT CONNECTICUT STATE DEPARTMENT OF HEALTH			
Actinomycosis, -abscess Botulism Cerebrospinal meningitis Chickpox Chinia, Adiate Conjunctivitis, infectious Encephalitis, epidemic Epidemia (all forms) Dysentery, amoebic Dysentery, bacillary Fetus Food poisoning German measles Glanders * Hook Worm Leptosy Leptosy Meninge Malaria Para-typhoid fever Plague Poliomyelitis Pneumonia (lobar) Poliomyelitis Scarlet fever Septic sore throat Syphilis Tetanus Typhoid fever Typhoid fever Whitening cough Yellow fever *Use Special Form	Health Officer of <u>New Britain</u> Date <u>July 1, 1925</u> Disease <u>Malaria</u> Street & Locality <u>23rd St. Mole America</u> Source of Infection <u>None</u> Name <u>Leon</u> Age <u>23 yrs</u> Sex <u>Male</u> Nationality <u>American</u> Occupation <u>None</u> DISEASE _____ Name _____ Street or Locality _____ Age _____ Sex _____ Nationality _____ Source of Infection _____ Occupation _____ DISEASE _____ Name _____ Street or Locality _____ Age _____ Sex _____ Nationality _____ Source of Infection _____ Occupation _____	Note—Give details if source of infection is out of town, as name and street address of person visited. Give full particulars if the affected is a food handler or resides in or about a dairy. REMARKS: Form D-2 1-2 5M.			

Leprosy
Measles
Malaria
Mumps
Para-typhoid fever

CT1


Checklist: ____

HEALTH DEPARTMENT REPORTS

UNITED STATES • 1914 / 1953

Louisiana

TREASURY DEPARTMENT,
United States Public Health Service.
OFFICIAL BUSINESS.



UNITED STATES PUBLIC HEALTH SERVICE,
U. S. Marine Hospital,
Prevalence and geographic
distribution of malaria.
2-7264

New Orleans, La.

Usage: earliest reported:
March 1918
latest reported:

Notes: unused example of postal
card for reporting malaria

Price: D

(Post office.) (County.) (State.)
(Date.)

The number of new cases of malarial fevers occurring in my practice during the month of
rch, 1918, was _____ (Give number.)

The diagnoses were confirmed by the use of the microscope in _____
of these cases. The types of infection thus found were: Tertian, _____ cases; Quartan,
_____ cases; Aestivo-autumnal, _____ cases.

Note.—Any additional information bearing on malarial fevers, their types, the kind of mosquitoes in the locality,
the presence of breeding places of mosquitoes, prophylactic measures, chronic malaria, proportion of children affected,
and hemoglobinemic fevers, should be stated under remarks.

REMARKS: _____

M. D.


2-7264

cases of malarial fevers

LA1

Checklist: ____

TREASURY DEPARTMENT,
United States Public Health Service.
OFFICIAL BUSINESS.



UNITED STATES PUBLIC HEALTH SERVICE,
U. S. Marine Hospital,
Prevalence and geographic
distribution of malaria.
2-7264

New Orleans, La.

Usage: earliest reported:
May 1918
latest reported:

Notes: as LA1: report for white
and colored people

Price: D

(Post office.) (County.) (State.)
(Date.)

The numbers of new cases of malarial fevers occurring in my practice during the month of
May, 1918, were _____ **WHITE.** _____ **COLORED.**
(Give numbers.)

The diagnoses were confirmed by the use of the microscope in _____
of these cases. The types of infection thus found were: Tertian, _____ cases; Quartan,
_____ cases; Aestivo-autumnal, _____ cases.

Note.—Any additional information bearing on malarial fevers, their types, the kind of mosquitoes in the locality,
the presence of breeding places of mosquitoes, prophylactic measures, chronic malaria, proportion of children affected,
and hemoglobinemic fevers, should be stated under remarks.

REMARKS: _____

M. D.

2-7264

LA2

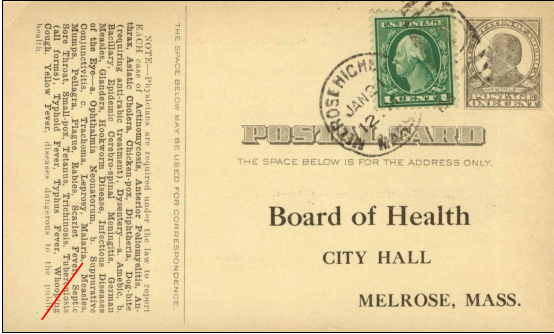
Checklist: ____

3

HEALTH DEPARTMENT REPORTS

UNITED STATES 1914 / 1953

Massachusetts



Usage: *earliest reported:*
Melrose: January 21, 1925
latest reported:

Notes: postal card from the Melrose, Massachusetts, Board of Health for reporting epidemiological data, including malaria cases

Price: E

Melrose, 1915

The Board of Health is Hereby notified that

No. 734 Franklin Street, is sick of Measles
age, years, in the family of

No. Street, is sick of

No. Street, is sick of

First visit made 1/22

W. H. ... M. D.

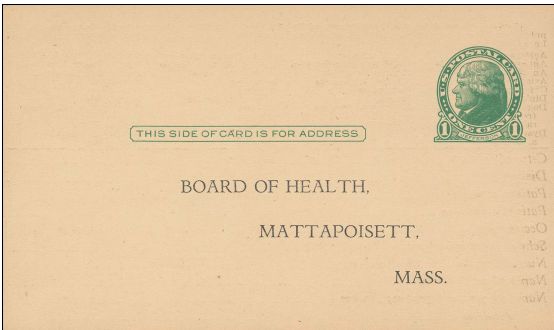
All cases of inflammation, redness and swelling of the eyes or of unnatural discharge from the eyes, in an infant less than two weeks old, must be reported to the Board of Health within six hours.

Do not fail to give correct address, street and number.
When more cards are required check this line with a cross.

Malaria,

MA1

Checklist: ___



Usage: *earliest reported:*

latest reported:

Notes: postal card to the Mattapoisett Massachusetts, Board of Health for reporting epidemiological data, including malaria cases

Price: D

Diseases declared by the Department of Public Health of Massachusetts to be dangerous to the public health and reportable under the provisions of sections 8, 7, 109, 11 and 112, Chapter 111, General Laws—

a. Actinomycosis	b. Bacillary Dysentery	b. Suppurative Conjunctivitis	Babies
Anterior Polymyositis	Encephalitis Lethargica	c. Trachoma	Scarlet Fever
Anthrax	Epidemic Cerebro spinal Meningitis	d. Typhoid	Septic Sore Throat
Asiatic Cholera	German Measles	e. Typhus	Smallpox
Chicken Pox	Glanders	f. Typhoid	Tetanus
Diphtheria	Hookworm Disease	g. Typhoid	Trichinosis
Dog-bite (requiring antitoxic treatment)	Infectious Disease of the Eye	h. Typhoid	Tuberculosis (all forms)
Dysentery—	a. Ophthalmia Neonatorum	i. Typhoid	Typhoid Fever
a. Amebic		j. Typhoid	Typhus Fever
		k. Typhoid	Whooping Cough
		l. Typhoid	Yellow Fever

City or Town Date

Disease Date of onset

Patient's name

Patient's address

Occupation Age Sex Color

School attended or place of employment

Number in household: Adults Children

Name of milk dealer

Name of person reporting disease

Address

Lobar P
Malaria
Measles



MA2

Checklist: ___

HEALTH DEPARTMENT REPORTS

UNITED STATES 1914 / 1953

New Jersey

THIS SIDE OF CARD IS FOR ADDRESS ONLY

BOARD OF HEALTH
 MUNICIPAL BUILDING
 MONTCLAIR, N. J.

Usage: *earliest reported:*
 Montclair: October 24, 1914
latest reported:
 Notes: for reporting contagious diseases, including malaria
 Price: E

PENALTY FOR NOT REPORTING: \$50. ✓

CONTAGIOUS DISEASE REPORT
 (ALL CASES MUST BE REPORTED IN WRITING)

Montclair, N. J. October 23 1914

I respectfully report the following case:

Name of Patient Hubel Marston
 Residence 117 Chestnut Street
 Age 7 Sicknes began on October 21st
 School Attended Hatchung Avenue
 The disease is marked with an X
Halley B. Mount M. D.
 Residence 21 Plymouth Street

Kindly report subsequent cases as well as the first case
 Additional Report-Cards may be obtained at the office of the
 Board of Health.

Scarlet Fever

Diphtheria

Typhoid Fever

Tuberculosis of

Measles

Whooping Cough

Chicken Pox

Mumps

Cerebrospinal Meningitis

Malaria

Ophthalmia Neonatorum

Infantile Paralysis

Trachoma

Hydrophobia

Glanders

Anthrax

Syphilis

Gonorrhoea

Smallpox

Cholera

Trichinosis

Yellow Fever

Typhus Fever

Leprosy

Plague

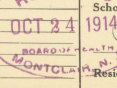

Cerebros

Malaria

Ophthal

NJ1

Checklist:

THIS SIDE OF CARD IS FOR ADDRESS

BOARD OF HEALTH
 PALISADES PARK,
 NEW JERSEY

JULES J. CHERON, Secretary
 National Bank Bldg.
 Central Blvd. & Broad Ave.

Usage: *earliest reported:*
 Palisades Park: June 7, 1935
latest reported:
 Notes: for reporting epidemiological data, including malaria cases
 Price: E

Palisades Park Board of Health

Date June 7 1935

Name of patient _____ Floor _____
 Residence _____
 Number of families in house _____
 Age: Years 22 Months _____ Days _____
 Sex male Color white Date of attack _____
 Occupation _____
 Place of employment _____
 School attended _____
 Number of school children in family _____
 Any in family foodhandlers? _____
 If treated in Hospital or Institution, Name it _____

Remarks or special recommendations _____

Reported by _____ M.D.
 Address _____
 Released by _____ M.D.
 Address _____

Influenza

Malaria

German Measles

NJ2

Checklist:

5

HEALTH DEPARTMENT REPORTS

New York

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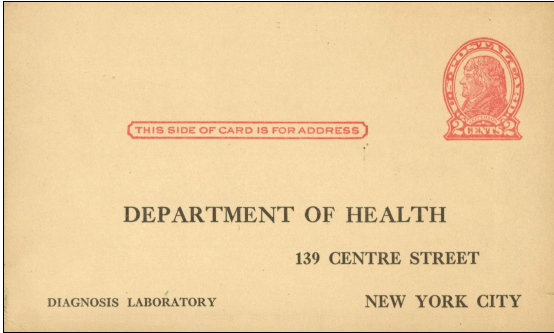
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Usage: earliest reported:

latest reported:

Notes: unused example of postal card for ordering health department supplies, including "malaria outfits"

Price: D

25-1152-18-B, Form 274 N

REQUISITION

-----191-----

Culture Tubes -----Swabs-----Envelopes-----

Diphtheria Blanks (1st Culture)----- (Later Culture)-----

Sputum Jars -----Blanks-----

Typhoid Outfits (Blood)----- (Urine)-----

Malaria Outfits -----

Meningitis Outfits -----

Wassermann Outfits -----

Gonococcus Outfits -----

Requisition Postal Cards-----

Name-----

Address-----

[OVER]

NY1

Checklist: ____

HEALTH DEPARTMENT REPORTS

Pennsylvania

UNITED STATES


Usage: earliest reported:

latest reported:

Notes: morbidity report form with malaria as a listed cause

Price: D

THE SPACE BELOW MAY BE USED FOR CORRESPONDENCE.
DOCTOR—Note need of additional report cards.



POSTAL CARD

THE SPACE BELOW IS FOR THE ADDRESS ONLY.

..... H. O.
..... P. O.
..... County.
..... PENNA.

Form 34. COMMONWEALTH OF PENNSYLVANIA. District.....
DEPARTMENT OF HEALTH.
MORBIDITY REPORT.

Patient, 1911
Age, Sex, Color, Occupation,
Address,
County, Township,
Disease, Date of Onset,
Name of Householder,
Occupation of Householder,
Number of School Children, School, M. D.
..... P. O.

Also telegraph or telephone report of *single* cases to County Medical Inspector. Diphtheria antitoxin furnished on application to designated depots.
SAMUEL G. DIXON, M. D.,
Commissioner of Health.

☞ MAIL THIS CARD PROMPTLY.

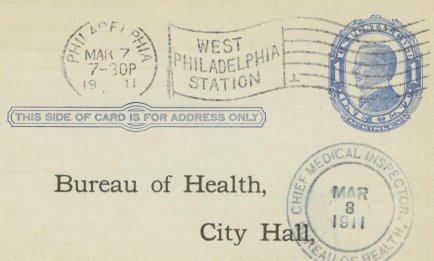
- DISEASES TO BE REPORTED**
- Actinomycosis
 - Anterior Poliomyelitis
 - Anthrax
 - Bubonic Plague
 - Cardiogenic Meningitis
 - Chickpox
 - Cholera
 - Diphtheria
 - Epidemic Dysentery
 - Erysipelas
 - German Measles
 - Glanders
 - Leprosy
 - Malarial Fever
 - Measles
 - Mumps
 - Pellagra
 - Pneumonia (True)
 - Psittacal Fever
 - Rabies
 - Relapsing Fever
 - Scarlat Fever
 - Smallpox
 - Tetanus
 - Trachoma
 - Trichinosis
 - Tuberculosis
 - Typhoid Fever
 - Typhus Fever
 - Uncinariasis
 - Whooping Cough
 - Yellow Fever

Leprosy
Malarial Fever
Measles

1914 / 1953

PA1

Checklist: ___



(THIS SIDE OF CARD IS FOR ADDRESS ONLY)

Bureau of Health,
City Hall,
Philadelphia.

Usage: earliest reported:

March 7, 1911

latest reported:

Notes: communicable disease report form with malaria as a listed cause

Price: D

DISEASES TO BE REPORTED

(No. 1)

REPORT OF COMMUNICABLE DISEASES.

Philadelphia, March 7 1911

Name of Patient _____
Address _____ Ward _____
Age 24 Sex Male Color White
Disease Tuberculosis Date of Onset _____
Occupation None Country-Nativity Irish
In case of Diphtheria do you wish Bacterial Culture made?
Answer Yes or No. By L. Raymond
University Hospital M. D. _____
Residence Social Service

NOTE—Whenever the immediate attention of this Department is requested for the removal of a patient to the Philadelphia Hospital for Contagious Diseases, please telephone from the nearest Police Station House or Public Telephone Station directly to this office, which is always open. Small-pox cases should be reported by telephone immediately. Secondary cases in the same family must be reported. Cases reported by telephone must be reported by this card as well.

Telephone, Bureau of Health, Room 712, City Hall.

The official date of cases is the date of the receipt of this report by the Bureau of Health. In the case of diphtheria, do you wish members of the family immunized by the Bureau of Health? Answer Yes or No.

Physicians are requested to answer all of the above questions.
☞ MAIL THIS CARD PROMPTLY.


PA2

Checklist: ___

7

HEALTH DEPARTMENT REPORTS

UNITED STATES 1914 / 1953



(THIS SIDE OF CARD IS FOR ADDRESS ONLY)

Bureau of Health,
Room 716, City Hall,
Philadelphia.

Usage: earliest reported:
March 7, 1911
latest reported:


Notes: communicable disease report form with malaria as a listed cause

Price: D

DISEASES TO BE REPORTED	REPORT OF COMMUNICABLE DISEASES (No. 1)
<ul style="list-style-type: none"> Actinomycosis Anterior Poliomyelitis Anthrax Bubonic Plague Cerebrospinal Meningitis Chickensox Cholera Diphtheria Epidemic Dysentery Erysipelas Gonorrhea German Measles Glanders Leptospirosis Malarial Fever Measles Mumps Pellagra Pneumonia (True) Rabies Relapsing Fever Scarlet Fever Small Pox Tetanus Trachoma Typhoid Typhus Fever Unicystic Whooping Cough Yellow Fever 	<p style="text-align: center;">Philadelphia, _____ 1911</p> <p>Name of Patient _____</p> <p>Address _____ Ward _____</p> <p>Age _____ Sex _____ Color _____</p> <p>Disease _____ Date of Onset _____</p> <p>Occupation _____ Country-Nativity _____</p> <p>In case of Diphtheria do you wish Bacterial Culture made? Answer Yes or No. _____ M. D. _____</p> <p style="text-align: center;">Residence _____</p> <p><small>NOTE—Whenever the immediate attention of this Department is requested for the removal of a patient to the Philadelphia Hospital for Contagious Diseases, please telephone from the nearest Police Station House or Public Telephone Station directly to this office, which is always open. Small, new cases should be reported by telephone immediately. Secondary cases in the same family must be reported. Cases reported by telephone must be reported by this card as well.</small></p> <p style="text-align: center;">Telephone, Bureau of Health, Room 712, City Hall.</p> <p><small>The official date of cases is the date of the receipt of this report by the Bureau of Health. In the case of diphtheria, do you wish members of the family immunized by the Bureau of Health? Answer Yes or No.</small></p> <p style="text-align: center;">Physicians are requested to answer all of the above questions.</p> <p style="text-align: center;">MAIL THIS CARD PROMPTLY.</p>

PA3

Checklist: ___

Occupational Diseases to be reported	(THIS SIDE OF CARD IS FOR ADDRESS)
<ul style="list-style-type: none"> Anthraxosis Arsenic Poisoning Brass Poisoning Carbon Monoxide Lead Poisoning Mercury Poisoning Natural Gas Poisoning Phosphorus Poisoning Wood Alcohol Poisoning Naphtha Poisoning Calcium Disease Bisulphide of Carbon Poisoning Dinitrobenzene Poisoning N. B.—Request need of additional Morbidity Cards. 	<div style="text-align: center;">  </div> <p>_____ H. O.</p> <p>_____ P. O.</p> <p>_____ County</p> <p style="text-align: center;">PENNSYLVANIA</p>

Usage: earliest reported:
latest reported:

Notes: morbidity report form with malaria as a listed cause

Price: D

Diseases to be reported	Form HCD-34-50M-12-39
<ul style="list-style-type: none"> Actinomycosis Anthrax Anterior Poliomyelitis Bubonic Plague Cerebrospinal Meningitis Cholera (Asiatic) Chickensox Diphtheria (Membr. Croup) Epidemic Dysentery Erysipelas German Measles Glanders (Farcy) Leptospirosis Malarial Fever Measles Mumps Opthalmia Neonatorum Paratyphoid Fever Pellagra Pneumonia (All Forms) Rabies Relapsing Fever Rocky Mt. Spotted Fever Scarlet Fever (Scarlatina) Trachoma Tuberculosis (All Forms) Typhoid Fever Typhus Fever Unicystic Whooping Cough Yellow Fever 	<p style="text-align: center;">COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH MORBIDITY REPORT</p> <p>Mailed or given to Health Officer, Hour _____ A. M. _____ Mo. _____ 19____ P. M. _____</p> <p>Patient, _____</p> <p>Address, _____</p> <p>Township, _____ School, _____</p> <p>Disease, _____ Date of Onset, _____</p> <p>Name of Householder, _____</p> <p style="text-align: right;">M. D. _____ D. O. _____ P. O. _____</p> <p>It will materially assist the health officer in locating these premises of some land mark in the neighborhood, such as a school, church or store, etc., be mentioned by you on this report.</p> <p>Telephone or telegraph report of smallpox cases to County Medical Director.</p>

Leptospirosis
Malarial Fever
Measles Mumps

PA4

Checklist: ___

HEALTH DEPARTMENT REPORTS


UNITED STATES • 1914 / 1953

Usage: earliest reported:

latest reported:

Notes: as #4: different order code at top on reverse

Price: D



THIS SIDE OF CARD IS FOR ADDRESS

Sanitarian

P. O.

County

PENNSYLVANIA

Diseases to be reported: Anthrax, Anterior Polymyositis, Bacillary Dysentery (Shigellosis), Bubonic Plague, Cancer, Cerebrospinal Meningitis, Cholera (Asiatic), Chickpox, Diabetes, Diphtheria (Membr. Coep), Dysentery (Amoebic-Bac.), Erysipelas, Leishmaniasis, German Measles, Glanders (Farcy), Leprosy, Malaria, Measles, Mumps, Ophthalmia Neonatorum, Paratyphoid Fever, Typhoid Fever, Typhus Fever, Relapsing Fever, Rocky Mt. Spotted Fever, Smallpox, Scarlet Fever (Scarlatina), Trachoma, Tuberculosis (All Forms), Typhoid Fever, Typhus Fever, Undulant Fever, Wells Disease, Whooping Cough, Yellow Fever.

Form HHC-34-50M-4-41
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
MORBIDITY REPORT

Mailed or given to Health Officer. Hour A. M. Mo. 19 P. M.

Patient, Sex. Color.

Age.

Address,

Township, School,

Disease, Date of Onset,

Name of Householder,


_____ M. D.
_____ D. O.
_____ P. O.

It will materially assist the health officer in locating these premises if some land mark in the neighborhood, such as a school, church or store, etc., be mentioned by you on this report.

Telephone or telegraph report of smallpox cases to County Medical Director.

PA4A

Checklist: ___



THIS SIDE OF CARD IS FOR ADDRESS

Robert J. Thomas

Township Health Officer

P. O. Box 708 Ardmore, Pa.

N. R.—Request need of additional Morbidity Cards.

Usage: earliest reported:

latest reported:

Notes: morbidity report form with malaria as a listed cause

Price: D

Diseases to be reported: Acute Gastro enteritis induced by food, Acute Infectious Hepatitis, Anterior Polymyositis, Anthrax, Bubonic Plague, Cerebrospinal Meningitis, Cancer, Chicken Fox, Cholera, Diarrhea, Diphtheria, Epidemic Dysentery, Erysipelas, Leishmaniasis, German Measles, Glanders, Leprosy, Malaria, Measles, Mumps, Ophthalmia Neonatorum, Paratyphoid Fever, Typhoid Fever, Typhus Fever, Relapsing Fever, Rheumatic Fever, Rocky Mt. Spotted Fever, Salmonellosis (Cows)

Board of Health Lower Merion Township
MORBIDITY REPORT

Case No. _____

Mailed or given to Health Officer. _____ 19 _____

Patient _____

Occupation _____ Disease _____

Age _____ Sex _____ Color _____ Nativity _____

No. _____ Ave. _____ Village _____

Date of Onset _____ Date of First Call _____

Name of Householder _____

Occupation (Specify Form) _____

Number of School Children _____ School _____

Number of Susceptible Children _____

_____ M. D.

Address _____

Telephone or Telegraph report of smallpox cases to County Medical Director. No report of a communicable disease is legally made except in writing. Syphilis cases must be reported direct to the Pennsylvania Dept. of Health, Harrisburg, by number without name and address on special forms. (OVER)

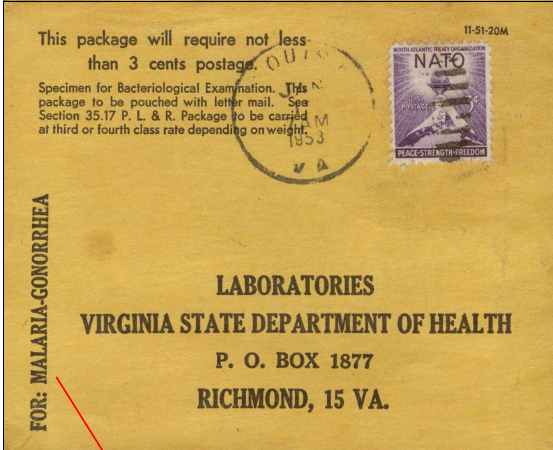
PA5

Checklist: ___

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HEALTH DEPARTMENT REPORTS

Virginia



Usage: *earliest reported:*
January 1953
latest reported:

Notes: envelope for mailing specimen to state laboratory for reporting or diagnosing malaria

Price: D

VA1

Checklist: ____

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HEALTH DEPARTMENT REPORTS

National

MALARIA PREVALENCE.

WASHINGTON, D. C.

DEAR DOCTOR:

The United States Public Health Service has undertaken to collect information of the prevalence and geographic distribution of malarial fevers in the United States. To obtain this information the attached postal card, which requires no stamp, has been prepared for your reply.

Your report will be of value whether you have had cases or not. In every instance, please fill in your post-office address, county, and State, with your signature, as all data thus furnished will be tabulated and used in a report on the prevalence and geographic distribution of malarial fevers in your State.

Your cooperation will be appreciated.

Respectfully,

RUPEET BLUE,

Surgeon General, United States Public Health Service.

2-7884

TREASURY DEPARTMENT
United States Public Health Service.
OFFICIAL BUSINESS.



UNITED STATES PUBLIC HEALTH SERVICE,

U. S. Marine Hospital,

New Orleans, La.

Prevalence and geographic distribution of malaria.

2-7884

TREASURY DEPARTMENT.
United States Public Health Service.
OFFICIAL BUSINESS.



(Post office.) (County.) (State.)

(Date.)

The numbers of new cases of malarial fevers occurring in my practice during the month of April, 1918, were _____

WHITE. COLORED.

(Give numbers.)

The diagnoses were confirmed by the use of the microscope in _____ of these cases. The types of infection thus found were: Tertian, _____ cases; Quartan, _____ cases; Aestivo-autumnal, _____ cases.

NOTE.—Any additional information bearing on malarial fevers, their types, the kind of mosquitoes in the locality, the presence of breeding places of mosquitoes, prophylactic measures, chronic malaria, proportion of children affected, and hemoglobinuric fevers, should be stated under remarks.

REMARKS: _____

2-7884

M. D.

Usage: earliest reported:
Trenton, NJ: March 2, 1918

latest reported:

Notes: unused message reply card for reporting malaria cases to the U.S. Public Health Service

Price: D

UNITED STATES • 1914 / 1953

HEALTH DEPARTMENT REPORTS

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