

# HEALTH DEPARTMENT REPORTS

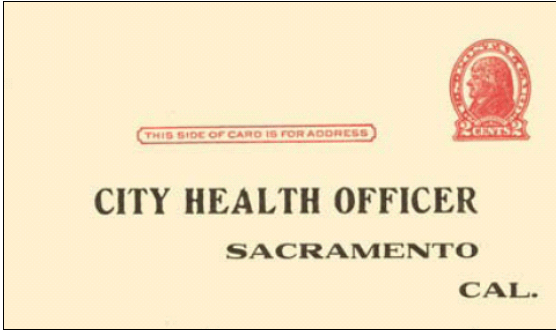
## California

Usage: *earliest reported:*

*latest reported:*

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

Price: D



**Contagious Disease Notice**

The following diseases are reportable—  
Chap. 206, Statutes 1911

Beri-Beri Cholera Chickenspox Dengue Diphtheria Dysentery Erysipelas German Measles Leprosy Malaria Measles Mumps Pellaagra 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.  <small>Draw line through disease present. Venereal diseases, reportable on special card.</small>
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\*Quarantinable

**CA1**

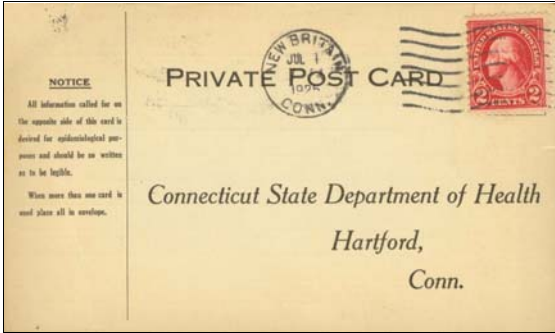
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# HEALTH DEPARTMENT REPORTS

## Connecticut

UNITED STATES • 1914 / 1953



**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	DAILY REPORT		CONNECTICUT STATE DEPARTMENT OF HEALTH	
Anthrax, — Address Botulism Cholera, Asiatic Diphtheria, Membranous Dysentery, bacillary Erysipelas Food poisoning German measles Glaucoma Influenza Leprosy Malaria Para-typhoid fever Plague Pertussis Pneumonia (bacterial) Poliomyelitis Scarlet fever Septic sore throat Syphilis Tetanus Typhoid fever Typhus Typhus, epidemic Typhus, malarial Typhus, relapsing Typhus, undulant Yellow fever *Use Special Form	Health Officer of <i>New Britain</i> Date <i>July 1, 1925</i> Name <i>Person</i> Street or Locality <i>23rd St</i> Nationality <i>Male American</i> Occupation <i>None</i> Source of Infection Name Street or Locality Age Sex Nationality Occupation Name Street or Locality Age Sex Nationality Occupation			
	Note—Give details if source of infection is not of town, its name and street address of person visited. Give full particulars if the official is a food handler or resident in or about a dairy.			
	REMARKS: Form D-2 1-5 2M.			

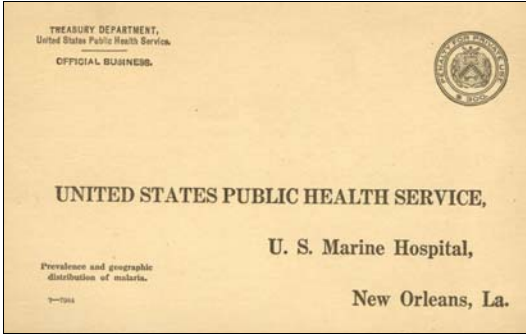
Leprosy
Measles  
Malaria
Mumps  
Para-typhoid fever
fever

**CT1**

*Checklist:* \_\_\_\_

# HEALTH DEPARTMENT REPORTS

## Louisiana



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

The number of new cases of malarial fevers occurring in my practice during the month of \_\_\_\_\_, 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 hemoglobinuria fevers, should be stated under remarks.

REMARKS: \_\_\_\_\_

\_\_\_\_\_, M. D.

2-2844

Usage: *earliest reported:*

*latest reported:*

Notes: unused example of postal card for reporting malaria

Price: D

cases of malarial fevers

**LA1**

Checklist: \_\_\_

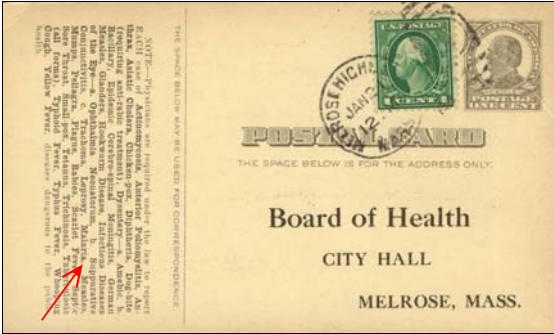
UNITED STATES

• 1914 / 1953

# HEALTH DEPARTMENT REPORTS

UNITED STATES • 1914 / 1953

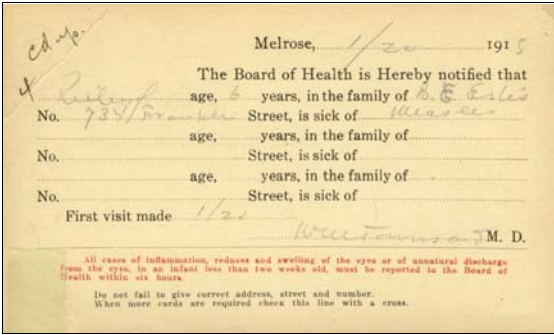
## Massachusetts



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

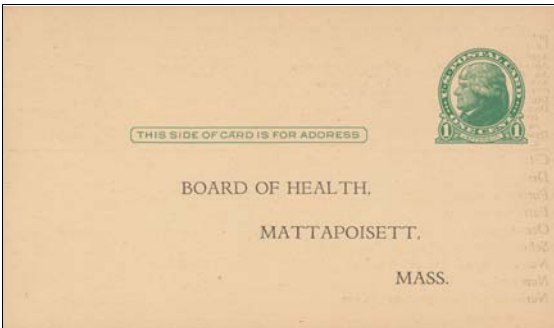
Price: E



Malaria,

### MA1

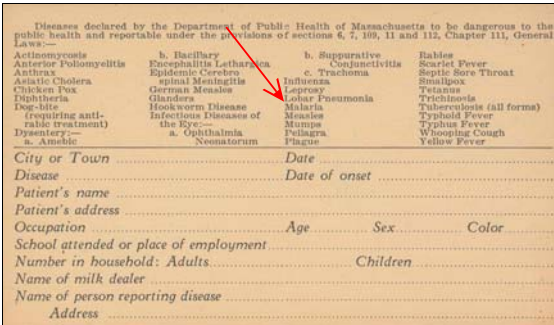
Checklist: \_\_\_



Usage: *earliest reported:*  
  
*latest reported:*

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

Price: D



Lobar P  
Malaria  
Measles

### MA2

Checklist: \_\_\_

# HEALTH DEPARTMENT REPORTS

UNITED STATES 1914 / 1953

## New Jersey



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)

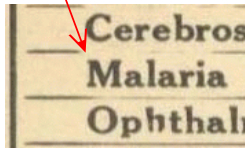
Montclair, N. J. October 23 1914

I respectfully report the following case:

Name of Patient Rebel Marston  
 Residence 117 Chestnut Street  
 Age 7 Sickness began on October 21st  
 School Attended Hutchins Avenue  
 The disease is marked with an X  
Walter B. Mount M. D.  
 Residence 511 Plymouth Street

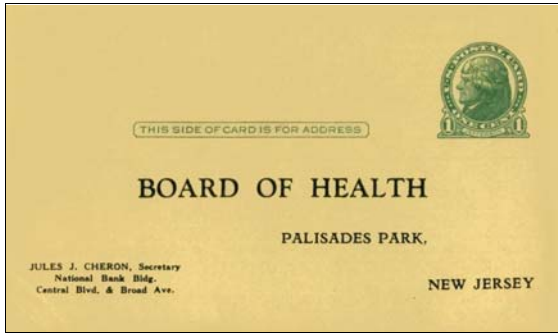
Kindly report subsequent cases as well as the first case  
Additional Report-Cards may be obtained at the office of the  
Board of Health.

Scarlet Fever	
<input checked="" type="checkbox"/> Diphtheria	
<input type="checkbox"/> Typhoid Fever	
<input type="checkbox"/> Tuberculosis of	
<input type="checkbox"/> Measles	
<input type="checkbox"/> Whooping Cough	
<input type="checkbox"/> Chicken Pox	
<input type="checkbox"/> Mumps	
<input type="checkbox"/> Cerebrospinal Meningitis	
<input type="checkbox"/> Malaria	
<input type="checkbox"/> Ophthalmia Neonatorum	
<input type="checkbox"/> Infantile Paralysis	
<input type="checkbox"/> Trachoma	
<input type="checkbox"/> Hydrophobia	
<input type="checkbox"/> Glanders	
<input type="checkbox"/> Anthrax	
<input type="checkbox"/> Syphilis	
<input type="checkbox"/> Gonorrhoea	
<input type="checkbox"/> Smallpox	
<input type="checkbox"/> Cholera	
<input type="checkbox"/> Trichinosis	
<input type="checkbox"/> Yellow Fever	
<input type="checkbox"/> Typhus Fever	
<input type="checkbox"/> Leprosy	
<input type="checkbox"/> Plague	



NJ1

Checklist: \_\_\_\_\_



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 \_\_\_\_\_  
 Residence \_\_\_\_\_ Floor \_\_\_\_\_  
 Number of families in house \_\_\_\_\_  
 Age: Years 33 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 \_\_\_\_\_

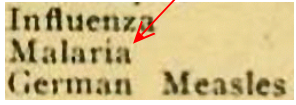
Remarks or special recommendations \_\_\_\_\_

Reported by \_\_\_\_\_ M. D.  
 Address \_\_\_\_\_  
 Released by \_\_\_\_\_ M. D.  
 Address \_\_\_\_\_

**DISEASES REPORTABLE BY LAW**  
Penalty for Failure to Report \$30.00

Cholera, Asiatic	Chickpox
Diphtheria (Membranous Croup)	Influenza
Dysentery (Amoebic and Bacillary)	Malaria
Meningitis, epidemic Cerebrospinal	German Measles
Ophthalmia (Neonatorum)	Plague
Paratyphoid fever	Scarlet Fever
Pneumonia (Broncho)	Whooping Cough
Pneumonia (Lobar)	Yellow Fever
Poliomyelitis, acute anterior (infantile paralysis)	
Rabies (Hydrophobia)	
Smallpox (variola)	
Tuberculosis, all forms	
Typhoid fever	
Typhus fever (Brill's disease)	
Anthrax	
Glanders	
Leprosy	
Measles	
Mumps	
Trachoma	
Trichinosis	
Erysipelas	

and any other disease that may hereafter be declared by the Board of Health.



NJ2

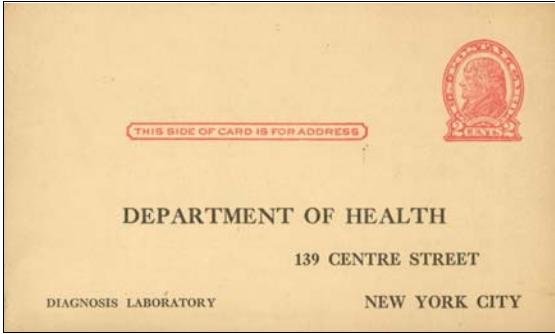
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# HEALTH DEPARTMENT REPORTS

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## New York



Usage: earliest reported:

latest reported:

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

Price: D

25-1132-18-0, 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

UNITED STATES • 1914 / 1953

## Pennsylvania

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 DEPARTMENT OF HEALTH. MORBIDITY REPORT. District \_\_\_\_\_

DISEASES TO BE REPORTED: Acromegaly, Anterior Poliomyelitis, Antrax, Bubonic Plague, Cerebrospinal Meningitis, Cholera, Chorea, Diphtheria, Epidemic Dysentery, Erysipelas, German Measles, Glaucoma, Leprosy, Malarial Fever, Measles, Mumps, Pellagra, Perinatal (Trus), Pertussis, Rabies, Relapsing Fever, Scarlet Fever, Small Pox, Tetanus, Trachoma, Trichinosis, Typhoid Fever, Typhus Fever, Diphtheria, Whooping Cough, Yellow Fever.

Patient, \_\_\_\_\_ Country, \_\_\_\_\_ Nativity, \_\_\_\_\_ 1911

Age, \_\_\_\_\_ Sex, \_\_\_\_\_ Color, \_\_\_\_\_ Occupation, \_\_\_\_\_

Address, \_\_\_\_\_ Township, \_\_\_\_\_

County, \_\_\_\_\_ Date of Onset, \_\_\_\_\_

Disease, \_\_\_\_\_

Name of Householder, \_\_\_\_\_

Occupation of Householder, \_\_\_\_\_

Number of School Children, \_\_\_\_\_ School, \_\_\_\_\_ M. D. \_\_\_\_\_ P. O. \_\_\_\_\_

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

BY MAIL THIS CARD PROMPTLY.

Leprosy  
Malarial Fever  
Measles

PA1

Checklist: \_\_\_

Bureau of Health,  
City Hall,  
Philadelphia.

CHIEF MEDICAL INSPECTOR  
MAR 8 1911  
BUREAU OF HEALTH

Usage: *earliest reported:*

March 7, 1911

*latest reported:*

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

Price: D

REPORT OF COMMUNICABLE DISEASES. (No. 1)

Name of Patient \_\_\_\_\_ Philadelphia, \_\_\_\_\_ March 7 1911

Address \_\_\_\_\_ Ward \_\_\_\_\_

Age 27 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. Yes. Dr. L. Raymond

Residence \_\_\_\_\_ M. D. \_\_\_\_\_ P. O. \_\_\_\_\_

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 or 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.

BY MAIL THIS CARD PROMPTLY.

PA2

Checklist: \_\_\_

7





# 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

Form HHC-34-50M-4-31  
COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
MORBIDITY REPORT

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

Patient, .....

Age..... Sex..... Color.....

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.

**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)

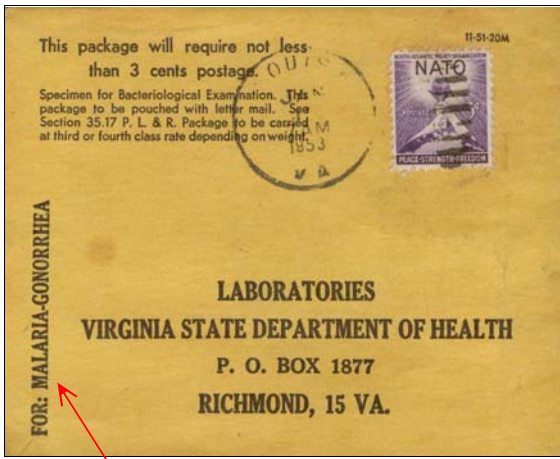
**PA5**

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: \_\_\_

National

UNITED STATES • 1914 / 1953

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,

RUPERT BLUE,

Surgeon General, United States Public Health Service.

2-7984

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.

2-7984

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 haemoglobinuric fever, should be stated under remarks.

REMARKS: \_\_\_\_\_

2-7984

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

US1

Checklist: \_\_\_

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