

HEALTH DEPARTMENT REPORTS

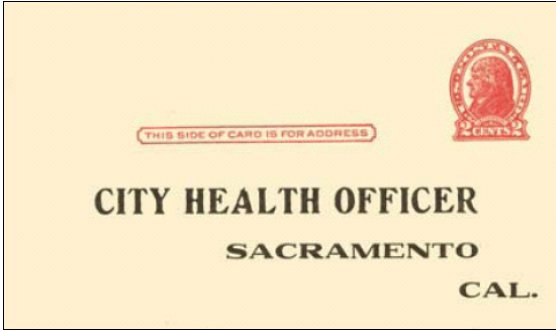
California

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>Quarantinable</small>
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Draw line through disease present.
Venereal diseases, reportable on special card.

CA1

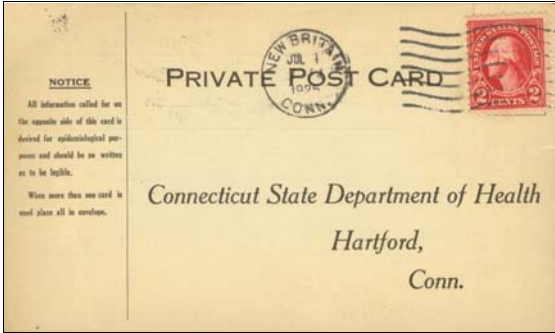
Checklist: ____

UNITED STATES • 1914 / 1953

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 Within 24 Hours	DAILY REPORT		CONNECTICUT STATE DEPARTMENT OF HEALTH	
Actinomycosis - Actinomyces Anthrax Cholera Cholera, Asiatic Diphtheria, Membranous Diphtheria, Epidemic Dysentery, bacillary Dysentery, amebic Erysipelas Food poisoning German measles Glaucoma Gonorrhoea Hook Worm Infanctia Leprosy Malaria Para-typhoid fever Plague Relapsing fever Tetanus Typhoid fever Typhoid fever, bacillary Typhoid fever, other forms Typhoid fever Whooping cough Yellow fever *Use Special Form	Health Officer of <i>New Britain</i>	Date <i>July 1, 1925</i>	Name <i>Person</i>	Nationality <i>Male American</i>
	Street or Locality <i>Malaria</i>	Age <i>23 yrs</i>	Sex <i>Male</i>	Occupation <i>None</i>
	Source of Infection _____	DISEASE Name _____		
	Street or Locality _____	Age _____	Sex _____	Nationality _____
	Source of Infection _____	DISEASE Name _____		
	Street or Locality _____	Age _____	Sex _____	Nationality _____
	Source of Infection _____	DISEASE Name _____		
	<small>Notes—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.</small>			
	REMARKS: Form D-2 1-5 2M.			

Leprosy Measles
 Malaria Mumps
 Para-typhoid fever

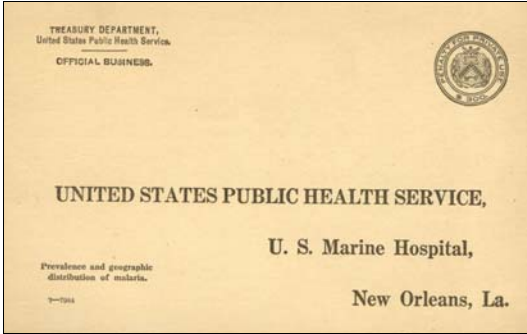
CT1

Checklist: ____

HEALTH DEPARTMENT REPORTS

UNITED STATES • 1914 / 1953

Louisiana



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 _____, 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 hemo-splenic fevers, should be stated under remarks.

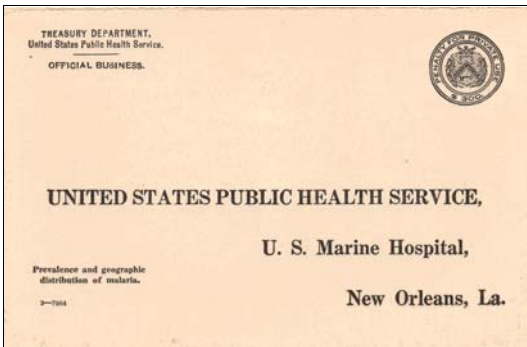
REMARKS: _____

M. D.

cases of malarial fevers

LA1

Checklist: ____



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 _____, 1918, were _____ (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 hemo-splenic fevers, should be stated under remarks.

REMARKS: _____

M. D.

LA2

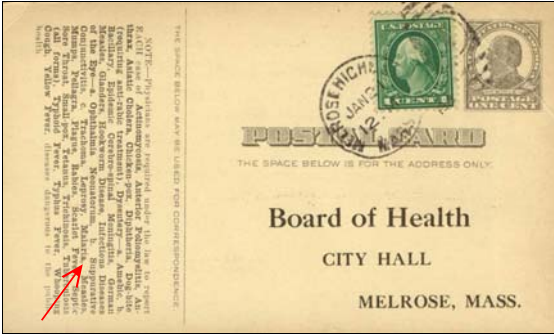
Checklist: ____

3

HEALTH DEPARTMENT REPORTS

UNITED STATES • 1914 / 1953

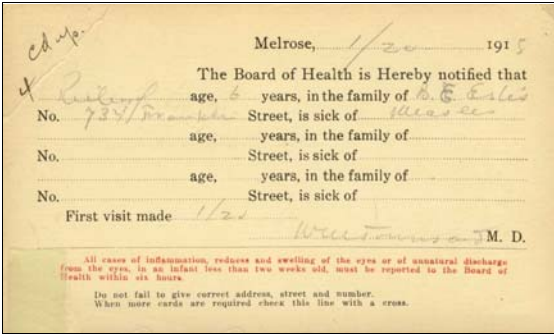
Massachusetts



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

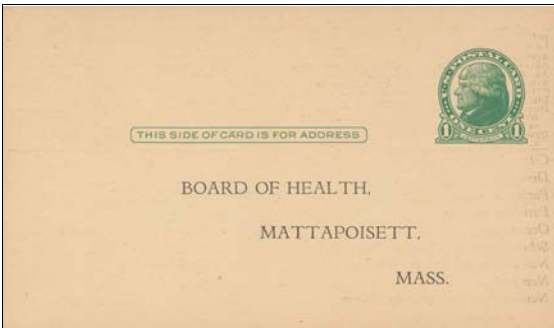
Price: E



Malaria,

MA1

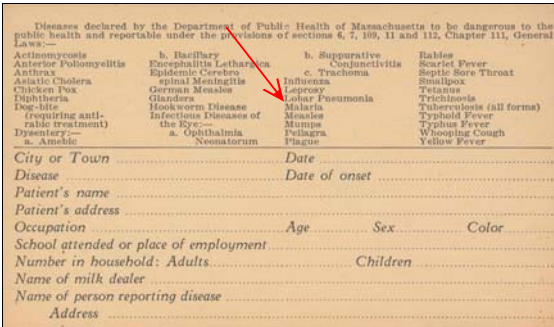
Checklist: ___



Usage: earliest reported:
latest reported:

Notes: postal card to the Mattapoisset 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)

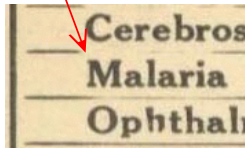
Montclair, N. J. October 23 1914

I respectfully report the following case:

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

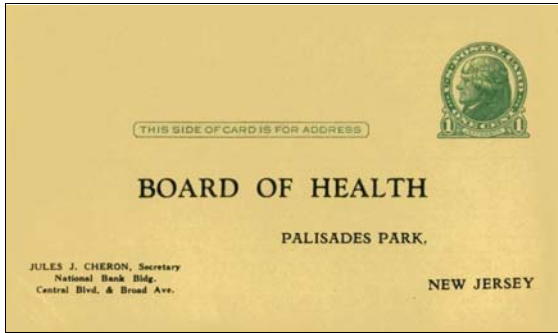
Kindly report subsequent cases as well as the first case
Additional Report-Cards may be obtained at the office of the
Board of Health.

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 _____

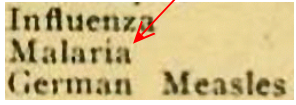
Remarks or special recommendations _____

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

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

Cholera, Asiatic	
Cholera, Asiatic	
Dysentery (Amoebic and Bacillary)	
Meningitis, epidemic Cerebrospinal	
Ophthalmia (Neonatorum)	
Paratyphoid fever	
Pneumonia (Broncho)	
Pneumonia (Lobar)	
Poliomyelitis, acute anterior (infantile paralysis)	
Rabies (Hydrophobia)	
Smallpox (variola)	
Tuberculosis, all forms	
Typhoid fever	
Typhus fever (Brill's disease)	
Chickpox	
Scarlet fever	
German Measles	
Scarlet Fever	
Whooping Cough	
Yellow Fever	

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



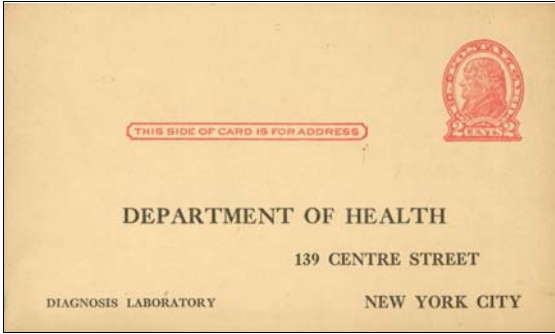
NJ2

Checklist: _____

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HEALTH DEPARTMENT REPORTS

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: ____

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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 _____

1914

Patient, _____ Country, _____ Nativity, _____

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.

EP MAIL THIS CARD PROMPTLY.

- DISEASES TO BE REPORTED**
- Actinomycosis
 - Anterior Poliomyelitis
 - Bubonic Plague
 - Cerebrospinal Meningitis
 - Chickens
 - Cholera
 - Diphtheria
 - Epidemic Dysentery
 - Erysipelas
 - Gonorrhea
 - German Measles
 - Guinea
 - Leprosy
 - Malaria
 - Measles
 - Scarlet Fever
 - Small Pox
 - Tetanus
 - Trachoma
 - Trichinosis
 - Typhoid Fever
 - Typhus Fever
 - Unsanitary
 - Whooping Cough
 - Yellow Fever

Leprosy
Malarial Fever
Measles

PA1

Checklist: ___

Bureau of Health,
City Hall,
Philadelphia.

CHIEF MEDICAL INSPECTOR
MAR 8 1914
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)

Philadelphia, March 7 1911

Name of Patient _____

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 by Dr. L. Raymond

Residence _____ M. D.
Social Services

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.

EP MAIL THIS CARD PROMPTLY.

- DISEASES TO BE REPORTED**
- Actinomycosis
 - Anterior Poliomyelitis
 - Arthritis
 - Bubonic Plague
 - Cerebrospinal Meningitis
 - Chickens
 - Cholera
 - Diphtheria
 - Epidemic Dysentery
 - Erysipelas
 - Gonorrhea
 - German Measles
 - Guinea
 - Leprosy
 - Malaria
 - Measles
 - Scarlet Fever
 - Small Pox
 - Tetanus
 - Trachoma
 - Trichinosis
 - Typhoid Fever
 - Typhus Fever
 - Unsanitary
 - Whooping Cough
 - Yellow Fever

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)

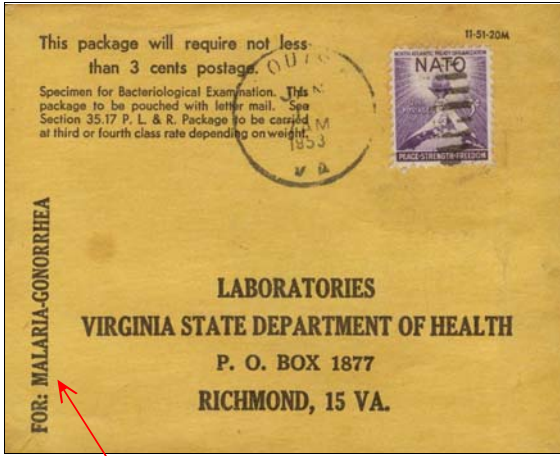
PA5

Checklist: ___

9

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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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

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.

7-7984


TREASURY DEPARTMENT
United States Public Health Service.
OFFICIAL BUSINESS.



UNITED STATES PUBLIC HEALTH SERVICE,
U. S. Marine Hospital,
Prevalence and geographic distribution of malaria.
New Orleans, La.

7-7984

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: _____

M. D.

7-7984

US1

Checklist: ____

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