

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

PLACE OF DEATH

County Stoddard

Township Liberty

Village _____

City _____ (NO. _____)

Registration District No. 836

File No. 9000

Primary Registration District No. 60980

Registered No. 12

St.: _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Dorsey Estel Sivells

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

DATE OF BIRTH Dec. 20, 1909
(Month) (Day) (Year)

AGE 1 yrs. 25 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Stoddard Co Mo.

NAME OF FATHER Carter Greagstone Sivells

BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky

MAIDEN NAME OF MOTHER Olley May Sinder

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Liberty Township Mo. (Stoddard Co.)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carter G Sivells
(ADDRESS) Depter Mo. R. 2.

Filed Feb 1, 1911 N. C. Allen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 15, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 7th, 1911, to _____, 1911, that I last saw him alive on Jan. 7, 1911, and that death occurred, on the date stated above, at 3:25 p.m.

The CAUSE OF DEATH* was as follows:
Tuberculosis of Lungs.
(Inherited)

2 1/2 (Duration) 1 yrs. 20 mos. 20 ds.

Contributory (SECONDARY) _____ (Duration) 1 yrs. 20 mos. 20 ds.

(Signed) J. N. Nicka M. D.
Jan. 15, 1911 (Address) Depter Mo. R. 2.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 1 yrs. 2 mos. 2 ds. In the State 1 yrs. 2 mos. 2 ds.

Where was disease contracted at Place of death
If not at place of death? _____
Former or usual residence Liberty Township

PLACE OF BURIAL OR REMOVAL Bycamos Grove DATE OF BURIAL Jan. 16, 1911

UNDERTAKER Mon Hopkins ADDRESS Berme Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to every person, irrespective of a single word or term on

e. g., *Farmer or Planter, Lect, Locomotive engineer,*

Woman, etc. But in many

avoid definite; is less definite; avoid

work and also (b) the

industry, and therefore an

for the latter statement; it

As examples: (a)

(b) *Grocery;*

Salesman, (b) Grocery;

The material

of the second statement.

Examples: *Cere-*

of disease. Examples: *Cere-*

the same

primary affection with re-

Name, first, the

death.

gaged in the duties of the

persons who receive a

as *Housewife, House-*

not gainfully employed,

where should be taken to re-

of persons engaged in

the occupation has been

as *Servant, Cook, House-*

speci-ally the occupations

has been changed or given

up on account of the DISEASE CAUSING DEATH, state oc-

cupation at beginning of illness. If retired from busi-

ness, that fact may be indicated thus: *Farmer (re-*

retired, 6 yrs.). For persons who have no occupation

whatever, write *None*.

Statement of cause of death.—Name, first, the

EASE CAUSING DEATH (the primary affection with re-

lect to time and causation), using always the same

repeated term for the same disease. Examples: *Cere-*

spinal fever (the only definite synonym is "Epidemic

meningitis"); *Diphtheria* (avoid use of
"croup"); *Typhoid fever* (never report "Typhoid
pneumonia"); *Lobar pneumonia*; *Bronchopneumonia*
("Pneumonia," unqualified, is indefinite); *Tuberculosis*
of lungs, meninges, peritoneum, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is
less definite; avoid use of "Tumor" for malignant
neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The
contributory (secondary or intercurrent) affection need
not be stated unless important. Example: *Measles* (dis-
ease causing death), 29 ds.; *Bronchopneumonia* (sec-
ondary), 10 ds. Never report mere symptoms or ter-
minal conditions, such as "Asthenia," "Anaemia"
(merely symptomatic), "Atrophy," "Collapse," "Coma,"
"Convulsions," "Debility" ("Congenital," "Senile," etc.),
"Dropsy," "Exhaustion," "Heart failure," "Haemor-
rhage," "Inanition," "Marasmus," "Old age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease
can be ascertained as the cause. Always qualify all
diseases resulting from childbirth or miscarriage, as
"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc.
State cause for which surgical operation was under-
taken. For VIOLENT DEATHS state MEANS OF INJURY and
qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR AS
probably such, if impossible to determine definitely.
Examples: *Accidental drowning*; *Struck by railway*
train—accident; *Revolver wound of head—homicide*;
Poisoned by carbolic acid—probably suicide. The na-
ture of the injury, as fracture of skull, and conse-
quences (e. g., *sepsis, tetanus*) may be stated under the
head of "Contributory." (Recommendations on state-
ment of cause of death approved by Committee on
Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.

