

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

PLACE OF DEATH

County Dickinson

Township Ozark

Village Cumma Mo

City _____ (NO. _____) St. _____ Ward _____

Registration District No. 1043

File No. 2906

Primary Registration District No. 6141

Registered No. 1

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

FULL NAME Othel Sirdorums

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single

DATE OF BIRTH June 17, 1911
(Month) (Day) (Year)

AGE 1 yrs. 7 mos. 4 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) 0

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

PARENTS NAME OF FATHER Fred Sirdorums BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo. MAIDEN NAME OF MOTHER Kara Westerman BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wm. R. Reed (ADDRESS) Cumma Mo.

Filed Jan. 22, 1913 E. E. Whitmore REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____ / _____ / 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 1.20 1 PM, 1913, to 1.21 7:45 AM 1913, that I last saw her alive on 1.21, 1913, and that death occurred, on the date stated above, at 11:45 P.M. The CAUSE OF DEATH* was as follows:

Pulmonary Edema
107A
111 B (Duration) _____ yrs. _____ mos. 1 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) Wm. R. Reed M. D. 1/22, 1913 (Address) Cumma Mo.

*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. 7 mos. 4 ds. In the State 1 yrs. 7 mos. 4 ds. Where was disease contracted If not at place of death? _____ Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Big Creek cemetery DATE OF BURIAL Jan. 22, 1913 UNDERTAKER W. W. Lewis ADDRESS Cumma Mo.

N. Information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Revised United States Standard Certificate 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 each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal 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* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "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 undertaken. 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 nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



WRITE PLAINLY, WITH CARE. THIS IS A PERMANENT RECORD

Information should be carefully supplied. A fee of \$1.00 should be paid. Every item of information should be properly classified. Exact statement of OCCURRENCE is very important.

PLACE OF DEATH

County Texas
 Township Ozark
 or
 Village _____
 or
 City _____ (NO. _____)

BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

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

Registration District No. 1043 File No. _____
 Primary Registration District No. 6141 Registered No. 1

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

FULL NAME Othel Sirdorens

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>single</u>
DATE OF BIRTH <u>June 17, 1911</u> (Month) (Day) (Year)		
AGE <u>1</u> yrs. <u>7</u> mos. <u>4</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1-21, 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 1-21, 1913, to 1-21, 1913, that I last saw him live on 1-21, 1913, and that death occurred, on the date stated above, at 11:45 p.m.

the CAUSE OF DEATH* was as follows:
Pulmonary Oedema
Probably from Catarrhal Pneumonia,

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

PARENTS

NAME OF FATHER <u>Fred Sirdorens</u>
BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Iowa</u>
MAIDEN NAME OF MOTHER <u>North Westernman</u>
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>

(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) 1/22, 1913 (Address) Eunice, Mo. M. D.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. M. Richards M.D.
 (ADDRESS) Eunice, Mo.

*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 _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death? _____

Former or usual residence _____

Filed Mar. 10, 1913 E. C. Whitmore
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Big Creek Cem. DATE OF BURIAL Jan. 22, 1913
 UNDERTAKER W. W. Lewis ADDRESS Eunice, Mo.

Revised United States Standard Certificate of Death

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

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Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Congenital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*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 septicæmia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. 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 nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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