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

PLACE OF DEATH

County: Cearnie Cot

Township / or Village / or City: Carutherville (NO. ____, ____ St.: ____ Ward)

Registration District No. 651 — File No. 25501

Primary Registration District No. 4388 — Registered No. 109

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

FULL NAME Lena Alice Sullivan

N B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of PATION is very imp

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Child

DATE OF BIRTH October (Month) 23 (Day), 1909 (Year)

AGE 1 yrs. 8 mos. 9 ds. — If LESS than 1 day, ____ hrs. or ____ min.?

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

BIRTHPLACE (City or town, State or foreign country): Carutherville Mo

PARENTS

NAME OF FATHER: Samuel Sullivan

BIRTHPLACE OF FATHER (City or town, State or foreign country): Wilite Co Tenn.

MAIDEN NAME OF MOTHER: Sudie Miller

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Edmonson Co Ky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sam Sullivan

(ADDRESS) Carutherville Mo

Filed 7/3 1911 B. D. Cleaver REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 3 (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from June 8, 1911, to July 2, 1911, that I last saw her alive on July 2, 1911, and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Dysentery

(Duration) ____ yrs. ____ mos. 24 ds.

Contributory (SECONDARY) Anaemia

(Duration) ____ yrs. ____ mos. 9 ds.

(Signed) W. D. Duggan M. D.

July 3 1911 (Address) Carutherville 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

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Little Osaunie	7/4 1911

UNDERTAKER	ADDRESS
A. L. La Forge	Caruthersville

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, Compositor, 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
orer, *Farm laborer, Laborer—Coal mine,* etc.
at home, who are engaged in the duties of the
ld only (not paid *Housekeepers* who receive a
salary), may be entered as *Housewife, House-*
At home, and children, not gainfully employed,
hool or *At home.* Care should be taken to re-
cifically the occupations of persons engaged in
service for wages, as *Servant, Cook, House-*
c. If the occupation has been changed or given
ccount of the DISEASE CAUSING DEATH, state oc-
at beginning of illness. If retired from busi-
at fact may be indicated thus: *Farmer (re-*
yrs.). For persons who have no occupation
r, write *None.*

ment of cause of death.—Name, first, the
CAUSING DEATH (the primary affection with re-
time and causation), using always the same
term for the same disease. Examples: *Cere-*
l fever (the only definite synonym is "Epidemic
spinal meningitis"); *Diphtheria* (avoid use of
croup"); *Typhoid fever* (never report "Typhoid
pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* 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 *septichaemia,*" "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.)

HUGH STEPHENS, JEFFERSON CITY.