

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

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

**PLACE OF DEATH**  
County Jackson  
Township Little Blue Registration District No. 398 File No. 34563  
or  
Village \_\_\_\_\_ Primary Registration District No. 5554 Registered No. 203  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ County \_\_\_\_\_ St.: \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

**FULL NAME:** Philip Scroggin

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>Male</u>	COLOR OF RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH <u>No record</u> (Month) (Day) (Year)		
AGE <u>65</u> yrs. _____ mos. _____ ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Cook</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>3-21</u>		
BIRTHPLACE (City or town, State or foreign country) <u>No record</u>		
PARENTS	NAME OF FATHER <u>Charles Scroggin</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo</u>	
	MAIDEN NAME OF MOTHER <u>Sarah Emery</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>H. W. Harrison</u> (ADDRESS) <u>Little Blue Mo</u>		
Filed <u>Oct. 7</u> 191 <u>1</u> <u>W. E. Trimmer</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH 7-19, 1911  
(Month) (Day) (Year)

I, HEREBY CERTIFY, that I attended deceased from 5-7, 1911, to 7-19, 1911, that I last saw him alive on 7-19, 1911, and that death occurred, on the date stated above, at 42 yr.

The CAUSE OF DEATH\* was as follows:  
Paralysis  
34  
870  
60

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Syphilis  
(Secondary) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) H. W. Harrison M. D.  
7-19 1911 (Address) Little Blue 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. 2 mos. 12 ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted No record  
if not at place of death?

Former or usual residence Laura City, Kans.

PLACE OF BURIAL OR REMOVAL Methodem Cem. Co. Chgo DATE OF BURIAL 7-21 1911

UNDERTAKER Wm. H. Jones ADDRESS 470 State

# 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 *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*, *peritonaeum*, 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.)



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CERTIFICATE OF DEATH

PLACE OF DEATH

County Jackson  
Township Prairie  
or  
Village Wells Bluff  
or  
City \_\_\_\_\_

Registration District No. 399 File No. 24751-34368  
Primary Registration District No. 5555 Registered No. 2502

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

FULL NAME Philip Sessygn

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) Married

DATE OF BIRTH 7-5-11 (Month) (Day) (Year)

AGE 60 yrs. mos. ds. IF LESS than 1 day, hrs. or min.?

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

BIRTHPLACE (City or town, State or foreign country) no record

PARENTS  
NAME OF FATHER Charles Sessygn  
BIRTHPLACE OF FATHER (City or town, State or foreign country) no record  
MAIDEN NAME OF MOTHER Sarah Embury  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) no record

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) W. J. Jones  
(ADDRESS) Wells Bluff MO

Filed JUL 20 1911 W. S. Wheeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7-19-1911 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 7-11-1911, to 7-19-1911, that I last saw him alive on 7-19-1911, and that death occurred, on the date stated above, at 9 a. m.  
The CAUSE OF DEATH\* was as follows:

Paralysis 66  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Syphilis  
(SECONDARY) (Duration) 40 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) W. J. Jones M. D.  
7-19-1911 (Address) Wells Bluff 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. 2 mos. 12 ds. In the \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted if not at place of death? no record  
Former or usual residence Kansas City Kansas

PLACE OF BURIAL OR REMOVAL Woodland Cemetery Kansas City DATE OF BURIAL 7-21-1911  
UNDERTAKER John W. Jones ADDRESS 440 State

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