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

PLACE OF DEATH

County: Scott

Township: Richland or Village: or City: Sikeston (NO. St.: Ward)

Registration District No.: 521 File No.: 40123

Primary Registration District No.: 4553 Registered No.: 97

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

FULL NAME Odessie Scott

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR OR RACE: White

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Infant

DATE OF BIRTH: Sept (Month) 2 (Day) 1911 (Year)

AGE: ___ yrs. 2 mos. 13 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): 0

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

PARENTS

NAME OF FATHER: Otis W Scott

BIRTHPLACE OF FATHER (City or town, State or foreign country): Williamson Co Ill

MAIDEN NAME OF MOTHER: Minnie Oliver

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Sikeston Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wybie Scott mark

(ADDRESS) Sikeston Mo

Filed Nov X 191 X

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 14 (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 11, 1911, to Nov 14, 1911, that I last saw her alive on Nov 14, 1911, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Double Pneumonia
11A
108 NY (Duration) ___ yrs. ___ mos. 5 ds.

Contributory (SECONDARY) Laguippe (Duration) ___ yrs. ___ mos. 4 ds.

(Signed) P M. Malvhin M. D.

Nov 15 1911 (Address) Sikeston 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: Mingo Cairth

DATE OF BURIAL: 1/15 1914

UNDERTAKER: L J Welsh

ADDRESS: Sikeston Mo

Exact statement of OCCUPATION is very important. Do not use a phrase in place of a plain terms, so that it may be properly classified.

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, 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.

PLACE OF DEATH

County Scotland

Township ..... or Village ..... or City Sikeston (NO. ....., ... St.; ..... Ward)

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

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

Registration District No. 821 File No. 40123

Primary Registration District No. 4553 Registered No. 97

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

FULL NAME Odessie Scott.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR OR RACE white

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Infant.

DATE OF BIRTH Sept. (Month) 2 (Day), 1911 (Year)

AGE ..... yrs. 2 mos. 13 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) Sikeston Mo.

PARENTS

NAME OF FATHER Otis W. Scott

BIRTHPLACE OF FATHER (City or town, State or foreign country) Williamson Co. Ill.

MAIDEN NAME OF MOTHER Mannie Oliver

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wylie his x mark Scott

(ADDRESS) Sikeston Mo

Filed Nov 15 1911. J. A. Milsap REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 14 (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 11, 1911, to Nov. 14, 1911, that I last saw h. w alive on " " , 1911, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Double Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

Contributory (SECONDARY) La Grippe

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) P. M. Malcomb M. D.

Nov. 15 1911 (Address) Sikeston 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 Mariner Switch

DATE OF BURIAL 11/15 1911

UNDERTAKER N. J. Welsh

ADDRESS Sikeston Mo.

SUPPLEMENTARY

NOV

Original file, date Nov 15 1911

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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