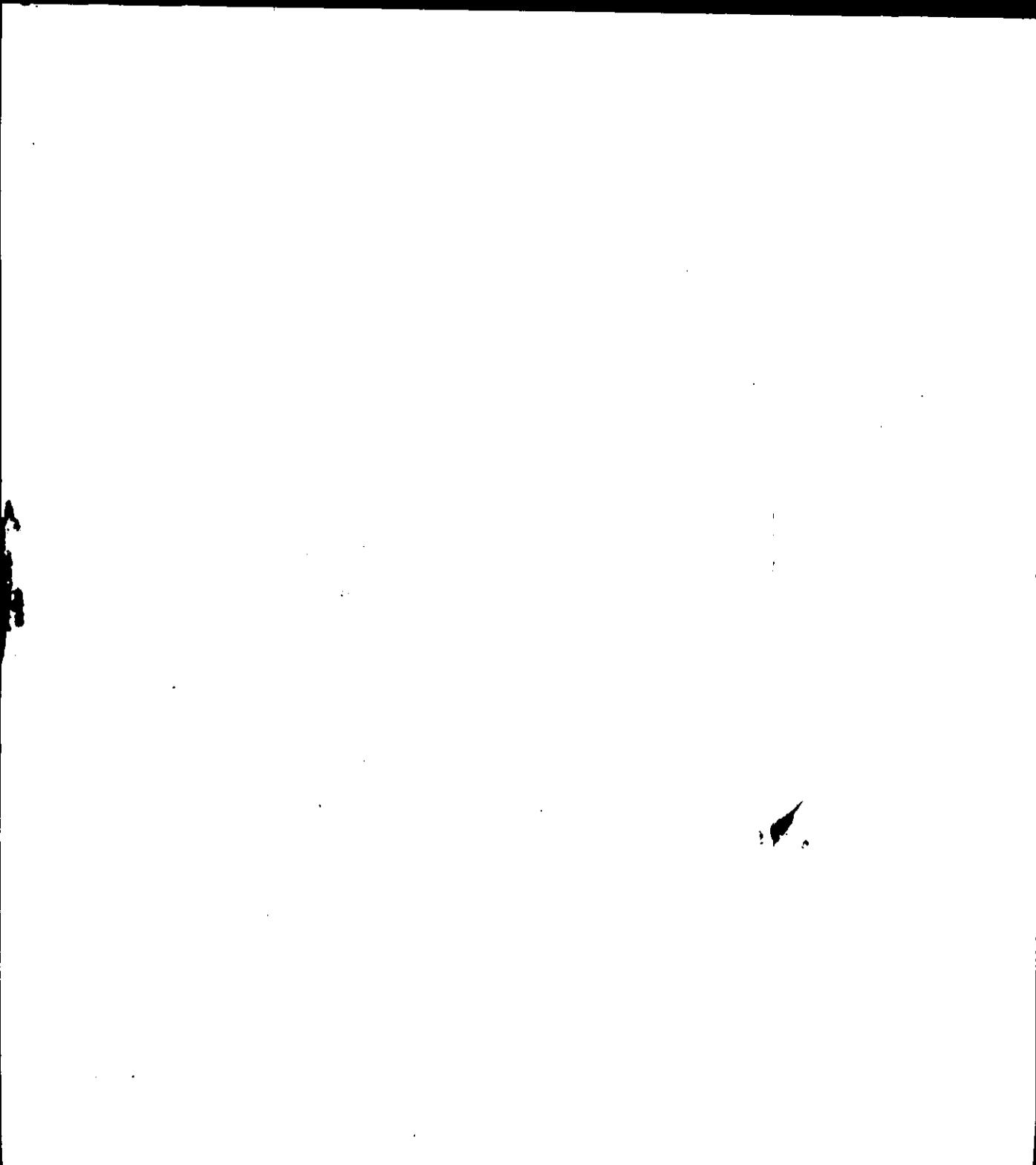


N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<i>Holt</i>	Registration District No.	<i>378</i>
Township	<i>Nodaway</i>	File No.	<i>5045</i>
or Village		Primary Registration District No.	<i>2923</i>
or City		Registered No.	<i>1</i>
(NO. _____)		St. _____	Ward _____
FULL NAME <i>Berry M. Sisk.</i>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED	DATE OF DEATH
<i>Male</i>	<i>white</i>	<i>widowed</i> (Write the word)	<i>February 7, 1912</i> (Month) (Day) (Year)
DATE OF BIRTH		I HEREBY CERTIFY, that I attended deceased from	
<i>August 1, 1856</i> (Month) (Day) (Year)		<i>Jan 28, 1911, to May 21, 1912,</i>	
AGE		that I last saw him alive on <i>May 21, 1912,</i>	
<i>55 yrs. 6 mos. 6 ds.</i>		and that death occurred, on the date stated above, at <i>X X</i> m.	
OCCUPATION		The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work <i>Farmer</i>		<i>Tuberculosis</i>	
(b) General nature of industry, business, or establishment in which employed (or employer) <i>None</i>		<i>23A 24</i>	
BIRTHPLACE		(Duration) <i>many</i> yrs. <i>X X</i> mos. <i>X X</i> ds.	
(City or town, State or foreign country) <i>Holt Co. Mo.</i>		Contributory <i>X X</i>	
PARENTS	NAME OF FATHER	(SECONDARY)	(Duration) _____ yrs. _____ mos. _____ ds.
	BIRTHPLACE OF FATHER	(Signed) <i>O. F. Kearney</i>	M. D.
	MAIDEN NAME OF MOTHER	<i>1912</i>	(Address) <i>Blue Point mo</i>
	BIRTHPLACE OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
(City or town, State or foreign country) <i>Don't know.</i>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.	
(Informant) <i>Lea Sisk</i>	Where was disease contracted if not at place of death? <i>next door.</i>		Former or usual residence _____
(ADDRESS) <i>Oregon Mo.</i>	PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL
Filed <i>2/7</i> 1912 <i>Mabel M. Kearney</i>	<i>Brodbeck Cem.</i>		<i>2/8</i> 1912
REGISTRAR	UNDERTAKER		ADDRESS
	<i>None</i>		

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



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ⁰AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH
 County Kolt
 Township Nodaway
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 375- File No. 5045
 Primary Registration District No. 5523 Registered No. 1

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

FULL NAME Berry M Sisk

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE widowed
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)

DATE OF BIRTH Aug 1, 1856
 (Month) (Day) (Year)

AGE 55 yrs. 6 mos. 6 ds.
 IF LESS than
 1 day, ___ hrs
 or ___ min

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

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

PARENTS
 NAME OF FATHER John Sisk
 BIRTHPLACE OF FATHER Virginia
 (City or town, State or foreign country)
 MAIDEN NAME OF MOTHER Ruth Simpson
 BIRTHPLACE OF MOTHER Port Know
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Jake Sisk
 (ADDRESS) Oregon Mo

Filed Feb 7, 1912
O. S. Kearney
Trabel M. Keating
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 29, 1911, to May 21, 1911,
 that I last saw him alive on May 21, 1911,
 and that death occurred, on the date stated above, at 8 1/2 a.m.

The CAUSE OF DEATH* was as follows:
Tuberculosis Pulmonary
 (Duration) ___ yrs. ___ mos. ___ ds.

Contributory Tuberculosis
 (SECONDARY) (Duration) 5 yrs. with known mos. ___ ds.

(Signed) O. S. Kearney M.D.
Feb 5, 1912 (Address) New Point 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. State ___ yrs. ___ mos. ___ ds.

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

PLACE OF BURIAL OR REMOVAL Broadbeet Cem DATE OF BURIAL 2-8, 1912

UNDERTAKER none ADDRESS _____

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) *Colton 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 *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.)