

RESERVED FOR BINDING

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

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

County of St. FrancoisTownship St. Francois

or

Village _____

or

City _____ (NO. _____)

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
Registration District No. 774File No. 33998Primary Registration District No. 4465Registered No. 70St. 6018B Ward _____

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

FULL NAME John Vorisuck

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
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DATE OF BIRTH _____

(Month) _____ (Day) _____ (Year) _____

AGE

25

yrs. _____ mos. _____ ds. _____

If LESS than
1 day, _____ hrs.
or _____ min.?

OCCUPATION

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

BIRTHPLACE

(City or town, State or foreign country) Russia

PARENTS

NAME OF FATHER Joseph VorisuckBIRTHPLACE OF FATHER (City or town, State or foreign country) Russia

MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Russia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rev. A. J. Chechila(ADDRESS) Desloge MoFiled 10/10 1912BY M. A. Pappay

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

August 15th, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,

that I last saw h_____ alive on _____, 191____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Crane Accident
Falling rock
at Colerain Parking area
 (Duration) _____ yrs. _____ mos. _____ ds.
Contributory (SECONDARY) 20189

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

(Signed) J. E. RollinsM. D. Champ Mo191____ (Address) Champ 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

Desloge Cemetery

DATE OF BURIAL

Aug 16, 1912

UNDERTAKER

Joe Deemer

ADDRESS

Colerain Mo

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, 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.)



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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CERTIFICATE OF DEATH

County St. Francis Registration District No. 774 File No. 33998 ✓
 Township St. Francis or _____ Primary Registration District No. 6018B, Registered No. 70
 Village _____ or _____
 City _____ (NO. _____ St. _____ Ward _____)

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

FULL NAME John Vorisuck

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED OR DIVORCED (If write the word) <u>married</u>	DATE OF DEATH <u>Aug. 15</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>not known</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.	
AGE <u>25</u> yrs. _____ mos. _____ ds.			If LESS than 1 day, _____ hrs. or _____ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>miner</u>			The CAUSE OF DEATH* was as follows: <u>Mine accident</u>	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Labourer</u>			<u>Falling rock</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Russia</u>			(Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>Joseph Vorisuck</u>		Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Russia</u>		(Signed) <u>J. E. Rollins</u> M.D. <u>Coroner</u> <u>Aug 15</u> , 191 <u>2</u> (Address) <u>Elvins, Mo.</u>	
	MAIDEN NAME OF MOTHER <u>not known</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Russia</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>J. H. Heamer</u>			Where was disease contracted if not at place of death? Former or usual residence _____	
(ADDRESS) <u>Hesloge, Mo.</u>			PLACE OF BURIAL OR REMOVAL <u>Hesloge Cew.</u>	
Filed <u>Aug 15</u> , 191 <u>2</u> <u>Dr. Lipscomb</u> REGISTRAR			DATE OF BURIAL <u>Aug 16</u> , 191 <u>2</u>	
			ADDRESS <u>Elvins, Mo.</u>	
Original file, date <u>OCT - 1912</u> . 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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