

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.

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

PLACE OF DEATH Scott
 County Scott
 Township Lisecton Mo Registration District No. 521 File No. 38019
 or Mo
 Village Lisecton Primary Registration District No. 453 Registered No. 104
 or Lisecton (NO. 4 St. 4 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Hannie M. Sullivan

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>	DATE OF DEATH <u>Nov. 22, 1912</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>May 25, 1836</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Nov. 10, 1912</u> , to <u>Nov. 22, 1912</u> , that I last saw her alive on <u>Nov. 13, 1912</u> , and that death occurred, on the date stated above, at <u>5 a.</u> m. The CAUSE OF DEATH* was as follows: <u>Old age and general Paralysis</u> <u>812</u> <u>162</u> (Duration) <u>Old age</u> mos. ds. Contributory (SECONDARY) <u>Old age</u> yrs. mos. ds. (Signed) <u>P. M. Malohn</u> M. D. <u>Nov 24, 1912</u> (Address) <u>Lisecton Mo.</u>	
AGE <u>76</u> yrs. <u>6</u> mos. <u>1</u> ds. IF LESS than 1 day, ___ hrs. or ___ min.?				
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>g-o</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 (City or town, State or foreign country) <u>Clinton Ky</u>				
PARENTS	NAME OF FATHER <u>Carney Richmond</u>			
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Bugg Ky</u>			
	MAIDEN NAME OF MOTHER <u>Emma Briggard</u>			
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Clinton Ky</u>			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	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>E. B. Sullivan</u> (ADDRESS) <u>Tule Okla.</u>				
Filed <u>Nov 24, 1912</u> <u>J. A. Milam</u> REGISTRAR <u>J. A. Milam</u>			PLACE OF BURIAL OR REMOVAL <u>Lisecton Mo</u>	
			DATE OF BURIAL <u>Nov 25, 1912</u>	
			UNDERTAKER <u>J. B. Allison</u>	
			ADDRESS <u>Lisecton Mo</u>	

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*, *Composer*, *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*, *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.)

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PLACE OF DEATH

County Scott
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. 38019
Primary Registration District No. 4553 Registered No. 104

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

FULL NAME Jannie M. Sullivan

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE married MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH May 25, 1836 (Month) (Day) (Year)
AGE 76 yrs. 6 mos. 1 ds. If LESS than 1 day, hrs. or min.?

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

BIRTHPLACE (City or town, State or foreign country) Clinton Ky

PARENTS NAME OF FATHER Corney Richmond BIRTHPLACE OF FATHER Bugg Ky
MAIDEN NAME OF MOTHER Engiea Bugg BIRTHPLACE OF MOTHER Clinton Ky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) E. B. Sullivan

(ADDRESS) Tuls Okla

Filed Nov 24, 1912 J. A. Miles REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24, 1912 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 10, 1912, to Nov. 24, 1912, that I last saw her alive on Nov. 23, 1912, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:
Old age and general
paralysis
acute ascending
paralysis yrs. _____ mos. _____ ds.
Contributory old age
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____ M. D.
_____, 1912 (Address) _____

*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 Sikeston mo. DATE OF BURIAL Nov. 25, 1912

UNDERTAKER J. B. Albritton ADDRESS Sikeston mo.

Original file, date NOV 24, 1912 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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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 "*Asihenia*," "*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.)