

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

PLACE OF DEATH

County Platte

Township \_\_\_\_\_

or \_\_\_\_\_

Village \_\_\_\_\_

or \_\_\_\_\_

City Dearborn (NO. \_\_\_\_\_)

Registration District No. 692

File No. 27386

Primary Registration District No. 4414

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Maggie May Siner

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

Female White Single

DATE OF DEATH

August 4, 1913  
(Month) (Day) (Year)

DATE OF BIRTH

April 12, 1899  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 3, 1913, to Aug 4, 1913, that I last saw h<sup>e</sup> alive on Aug 4, 1913, and that death occurred, on the date stated above, at 8 P. m.

AGE

14 yrs. 3 mos. 24 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:

Sclerosis

OCCUPATION  
(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employee)

House work

BIRTHPLACE

(City or town, State or foreign country) Missouri

87 B  
71 B (Duration) 5 yrs. X mos. X ds.

Contributory (SECONDARY)

(Duration) 14 yrs. X mos. X ds.

PARENTS

NAME OF FATHER

John Siner

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Virginia

MAIDEN NAME OF MOTHER

Maggie Ferguson

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Mo.

(Signed) M. A. Moore M. D.  
Aug 3, 1913 (Address) Dearborn 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? At Home

Former or usual residence Dearborn Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Siner

(ADDRESS) Dearborn, Mo.

PLACE OF BURIAL OR REMOVAL

Masonic Cemetery

DATE OF BURIAL

Aug. 6, 1913

UNDERTAKER

Bruner & Son

ADDRESS

Dearborn Mo.

Filed

Aug 6, 1913 M. A. Moore  
REGISTRAR

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.

# 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, 8 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.)

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

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

PLACE OF DEATH  
County Platte  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Dearborne (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 692 File No. \_\_\_\_\_  
Primary Registration District No. 4414 Registered No. \_\_\_\_\_

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

FULL NAME Maggie May Siner

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDDED OR DIVORCED <u>Single</u>	DATE OF DEATH <u>Aug. 4, 1913</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>April 12, 1899</u> (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>July 2, 1913</u> , to <u>Aug 4, 1913</u> , that I last saw <u>her</u> alive on <u>Aug 4, 1913</u> , and that death occurred, on the date stated above, at <u>8 P. M.</u>	
AGE <u>14 yrs. 3 mos. 22 ds.</u>			Satisfactory Information Supplied	
OCCUPATION (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>works with</u>			The CAUSE OF DEATH* was as follows: <u>Belagets Phoria</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Mo</u>			Contributionary <u>Anemia</u> (Duration) <u>5 yrs. 0 mos. 0 ds.</u>	
PARENTS	NAME OF FATHER <u>John Siner</u>		(Signed) <u>Aug 4, 1913</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Virginia</u>		(Address) <u>Dearborn, Mo</u>	
	MAIDEN NAME OF MOTHER <u>Maggie Siner</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Cause of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo</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>Satisfactory</u> <u>John Siner</u> <u>Dearborn, Mo</u> (ADDRESS)			Where was disease contracted If not at place of death? <u>at home</u> Former or usual residence <u>Dearborn, Mo</u>	
Filed <u>Aug 6, 1913</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Satisfactory</u> <u>Dearborn, Mo</u> DATE OF BURIAL <u>Aug 6, 1913</u> UNDERTAKER <u>Brown &amp; Son, Dearborn, Mo</u>	

AUG 6, 1913

Original file, date \_\_\_\_\_ 19 \_\_\_\_ AS information called for must be written on this Supplementary Certificate.

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