

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

1 PLACE OF DEATH

County Ralls  
Township Spencer  
or  
Village  
or  
City Clasco Mo. (NO. .... St. .... Ward)

Registration District No. 724

File No. 11782

Primary Registration District No. 2918

Registered No. 16

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

2 FULL NAME Mildred Zivcki

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Slavish 5 SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

6 DATE OF BIRTH Jan 1 1917  
(Month) (Day) (Year)

7 AGE 2 yrs. 2 mos. 2 ds. If LESS than 1 day, .... hrs. or .... min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Clasco Mo.

PARENTS  
10 NAME OF FATHER George Zivcki  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Austria Hungary  
12 MAIDEN NAME OF MOTHER Not known  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) George Zivcki  
(Address) Clasco Mo.

15 Filed 3/12 1917 [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 10 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from March 10 1917 to March 10 1917 that I last saw her alive on March 10 1917 and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH\* was as follows:  
Pneumonia  
(Duration) .... yrs. .... mos. 4 ds.

CONTRIBUTORY (Secondary) (Duration) .... yrs. .... mos. .... ds.  
(Signed) R. M. Whier M. D.  
3-12-1917 (Address) Hannibal Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  
18 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.....

19 PLACE OF BURIAL OR REMOVAL Riverside Cemetery DATE OF BURIAL Mar 11 1917

20 UNDERTAKER Ray R. Schwartz ADDRESS Hannibal

# 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, 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.)

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH  
County Rolla REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW  
Township South Registration District No. 116  
or Village 5-85-8 Primary Registration District No. 5-85-8 Registered No. 16  
or City (NO) St.  Ward

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

2 FULL NAME Melvin Liseni

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE A 5 SINGLE  MARRIED  WIDOWED  OR DIVORCED  (Write the word)  
6 DATE OF BIRTH June 17 1917  
(Month) (Day) (Year)  
7 AGE 3 yrs. 4 mos. 7 ds. If LESS than 1 day, hrs. or min.?  
8 OCCUPATION (a) Trade, profession, or particular kind of work  
(b) General nature of industry business, or establishment in which employed (or employer)  
9 BIRTHPLACE (City or town, State or foreign country)

PARENTS  
10 NAME OF FATHER  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country)  
12 MAREN NAME OF MOTHER  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant)  
(Address)

15 Filed 7/17 1917 T. J. Wacziarg Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 10 1917  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, that I attended deceased from 1917 to 1917, that final satisfactory life information supplied, and that death occurred, on the date stated above, at 1917.  
The CAUSE OF DEATH\* was as follows:  
Pneumonia  
(Duration) 4 yrs. 4 mos. 4 ds.

CONTRIBUTORY (Secondary)  
(Duration) 2 yrs. 2 mos. 2 ds.  
(Signed) M. W. Wynn M. D.  
(Address) 1917

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death 2 yrs. 2 mos. 2 ds. In the State 2 yrs. 2 mos. 2 ds.  
Where was disease contracted if not at place of death?  
Former or usual residence 1917

19 PLACE OF BURIAL OR REMOVAL Ryan Side DATE OF BURIAL 3-11 1917  
20 UNDERTAKER H. H. Schmitt ADDRESS 1917

Satisfactory Information Supplied  
SUPPLEMENTARY  
Satisfactory Information Supplied

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11782  
*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), 29ds.; *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.)