

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

1 PLACE OF DEATH

County Livingston  
Township Samprell  
or Samprell  
Village Samprell  
or  
City (NO. St. Ward)

Registration District No. 962 File No. 13868  
Primary Registration District No. 5678 Registered No. 8

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

2 FULL NAME John Roger Seifert

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH March 18 1913  
(Month) (Day) (Year)

7 AGE 5 yrs. 18 mos. 18 ds. If LESS than 1 day, 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) Livingston Co Mo.

PARENTS  
10 NAME OF FATHER Chris Seifert  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.  
12 MAIDEN NAME OF MOTHER Ina Dunegan  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Chris Seifert  
(Address) Samprell Mo.

15 Filed May 7 1918 W.L. White MD  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 5 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from March 25 1918 to April 5 1918 that I last saw him alive on March 25 1918 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH\* was as follows:

Scarlet fever  
(Duration) 7 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) W. Minnie M. D.  
April 6 1918 (Address) John Springs 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 Mooreville DATE OF BURIAL April 6 1918

20 UNDERTAKER T.M. Bray ADDRESS Chillicothe Mo

For Memorandum Fri. Co.

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 some cases it may be desirable to specify (a) the kind of work and also (b) the name of the business or industry, and therefore a list of occupations is provided for the latter purpose. It should be used only when a 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 synonym is "Epidemic cerebrospinal fever"; avoid use of "Croup");

"Typhoid pneumonia"; *Lobar pneumonia*; *Broncho-pneumonia* ("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) disease causing death should be stated under the head of "Contributory," if it is a definite cause of death. Examples: *Contributory: 10 days before death, symptoms of terminal congestion of the brain; 29 days before death, symptoms of terminal congestion of the brain; 30 days before death, symptoms of terminal congestion of the brain.* "Atrophy," "Collapse," "Coma," "Convulsions," "Tetany" ("Congenital," "Senile," etc.), "Dropsy," "Incontinence," "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.)