

8-42-80895-Cr-McB. MARGIN RESERVE FOR BINDING. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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

Age 77.11
Thayer 11010
State File No.

MADE MAR 17 1942

Registration District No. 254
Primary Registration District No. 291.6
Registrar's No.

1. PLACE OF DEATH:
(a) County Oregon Co. Mo.
(b) Township Myrtle
(c) City or Town Myrtle Ward
(d) Name of Hospital or Institution
(If not in hospital or institution write street number or location)
(e) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Oregon
(c) City or town Myrtle (If outside city or town limits, write Rural Number)
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

3(a) FULL NAME Matilda Sisk

3(b) If veteran, name war
3(c) Social Security No.

4. Sex Female
5. Color or race white
6(a) Single, widowed, married, divorced married
6(b) Name of husband or wife J. G. Sisk
6(c) Age of husband or wife if alive 75 years
7. Birth date of deceased Apr. 13 - 1873
(Month) (Day) (Year)
If less than one day

8. Age: 19 Years 7 Months 5 Days hr. min.

9. Birthplace Wright Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Homemaker
11. Industry or business Keeping own home

12. Name Enosh O'Bell

13. Birthplace Orange Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Ann McQueen

15. Birthplace Mo. (City, town, or county) (State or foreign country)

16(a) Informant's own signature Mrs. Laura Uccorn
(b) P. O. address San Francisco Calif.

17(a) Burial (b) Date thereof 11-19-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Myrtle Mo.

18(a) Signature of funeral director H. G. Mink
(b) P. O. address Pocolahantes Ark.

19(a) 12-9-42 (Date received local registrar) (b) Registrar's signature

MEDICAL CERTIFICATION

20. Date of death: Month Nov. day 18 year 1942
21. I hereby certify that I attended the deceased from Nov 18 1942 to Nov 18 1942 that I last saw him alive on Nov 18 1942 and that death occurred on the date stated above at 12:30 P. M.

Immediate cause of death Carcinoma of Pancreas
i. metastasis to Lung
Due to a time
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury
23. Signature Thayer M.D. M. D.
Address Thayer Mo. Date signed 12-9-42

Date of Onset
PHYSICIAN
Underline the cause to which death should be charged statistically.

ARKANSAS STANDARD CERTIFICATE OF DEATH

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8, and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever, write *none*.

To be complete, an occupation return must state:

The trade, profession, or particular kind of work done.

10. Usual occupation.

11. Industry or business.

In stating the occupation avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman*, and not a *clerk*.

Statement of Cause of Death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other contributory causes of importance:

Gall stones

Date of Onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other contributory causes of importance:

Gastroenteritis

Date of Onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11010

Registration District No. 254

Primary Registration District No. 0-866

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Myrtle Sup-myrtle
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Matilda Seak

3. (b) If veteran, name war. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife J.H. 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Apr 13 1878

8. AGE: Years 69 Months 7 Days 3 If less than one day min.

9. Birthplace. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry of business

12. Name. Enoch O'Dell

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name. Ann McLean

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Alcorn

(b) Address San Francisco, Calif.

17. (a) (Burial, cremation, or removal) (b) Date thereof. Myrtle, Mo. 11-19-42

(c) Place: burial or cremation

18. (a) Signature of funeral director H.H. McComb

(b) Address Pocatonton, Ark
19. (a) 7-10-43 (b) Gae D. Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Oregon
(c) City or town Myrtle
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 Year 1942 hour minute M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of breast metastasizing to lungs & liver

Due to. Due to. Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).
(b) Date of occurrence.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature C.W. Cooper (M.D. or other) Address: Thayer, Mo. Date signed 12/9/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

PHYSICIAN Underline the cause to which death should be charged statistically.

S-11010