

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  
County Franklin  
Township Calvy  
or  
Village Catawissa  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_) St.: \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 999 File No. 16225  
Primary Registration District No. 0416 Registered No. 6

FULL NAME James Arthur Sifford

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)  
DATE OF BIRTH Aug 29, 1900  
(Month) (Day) (Year)  
AGE 12 yrs. 8 mos. 9 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?  
OCCUPATION (a) Trade, profession, or particular kind of work School Boy  
(b) General nature of industry, business, or establishment in which employed (or employer) O - O

BIRTHPLACE (City or town, State or foreign country) Morse Mill, Jeff. Co. Mo.  
PARENTS  
NAME OF FATHER John Thomas Sifford  
BIRTHPLACE OF FATHER (City or town, State or foreign country) London, Canada  
MAIDEN NAME OF MOTHER Emile Claire Boyer  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) State of Iowa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. J. H. Titus  
(ADDRESS) Allenton Mo.  
Filed May 10, 1913  
REGISTRAR [Signature]

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 5, 1913, to May 8, 1913, that I last saw him alive on May 5, 1913, and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH\* was as follows:  
strangulation due to accumulation of mucus with inability to expectorate.

Contributory sequel of Whooping Cough  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) [Signature] M. D.  
(Address) Catawissa, Mo.

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place 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 Morse Mill, Canals DATE OF BURIAL 5/12, 1913  
UNDERTAKER [Signature] ADDRESS Catawissa Mo

# 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, 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 organ); "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

OFFICE OF THE STATE BOARD OF HEALTH, ST. LOUIS, MO.

NAME OF DECEASED  
 SEX  
 AGE  
 OCCUPATION  
 PLACE OF BIRTH  
 DATE OF BIRTH  
 DATE OF DEATH  
 PLACE OF DEATH  
 CAUSE OF DEATH  
 CONTRIBUTORY CAUSE OF DEATH  
 SIGNATURE OF PHYSICIAN  
 SIGNATURE OF REGISTRAR  
 SIGNATURE OF WITNESSES  
 SIGNATURE OF DECEASED  
 SIGNATURE OF NEXT OF KIN  
 SIGNATURE OF CLERGYMAN  
 SIGNATURE OF JUDGE  
 SIGNATURE OF SHERIFF  
 SIGNATURE OF CONSTABLE  
 SIGNATURE OF TOWNSHIP CLERK  
 SIGNATURE OF COUNTY CLERK  
 SIGNATURE OF STATE CLERK  
 SIGNATURE OF SECRETARY OF STATE  
 SIGNATURE OF GOVERNOR

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