

Church Register Books of the Dead as a Source for Researching the Causes of Mortality Before and During World War I. The Case of the Parish Church in Dračić (Serbia)

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To cite this article: Krivošejev, V. (2026). Church Register Books of the Dead as a Source for Researching the Causes of Mortality Before and During World War I. The Case of the Parish Church in Dračić (Serbia). *Historical Life Course Studies*, 16, 236–255. <https://doi.org/10.52024/hlcs26373>

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VOLUME 16, SPECIAL ISSUE 8

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Church Register Books of the Dead as a Source for Researching the Causes of Mortality Before and During World War I

The Case of the Parish Church in Dračić (Serbia)

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ABSTRACT

This paper analyses the causes of death among the inhabitants of villages belonging to the parish of the church in Dračić, in the Valjevo region, during the period 1909–1918. The main source is the church death register, whose entries are grouped according to broad categories of causes of death. The aim is to show, through the example of a rural parish in western Serbia, the research potential and limitations of church death registers for the study of local mortality patterns. Special attention is paid to the comparison of two five-year subperiods: 1909–1913, treated as a predominantly peacetime, baseline comparative period before World War I, and 1914–1918, the period of World War I. Although 1912 and 1913 were years of the Balkan Wars, they are analysed within the broader pre-war pattern of local mortality, since the fighting did not take place on the territory of the parish and did not decisively change the structure of causes of death. The results show that epidemic diseases were the most important cause of death both before and during World War I, while direct war-related deaths formed a separate but incompletely recorded category. The paper highlights the possibilities and limitations of using such sources in historical-demographic and epidemiological research.

Keywords: Church death registers, Causes of death, Parish church in Dračić, Serbia, 1909–1918

e-ISSN: 2352-6343
DOI article: <https://doi.org/10.52024/hlcs26373>

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1 INTRODUCTION¹

Death registers (Lat. *Liber defunctorum*) are among the most important first-order archival historical sources for researching causes of death in a given area. Although documents produced by physicians can also play an important role in such research, in Serbia during the 19th and early 20th centuries such records were very rare. Hospitals existed only in larger towns, which were administrative district centres, while municipal physicians, usually single individuals, were present in smaller urban settlements.

In addition, the great majority of Serbia's population lived in rural areas, often in remote mountainous regions, far from towns and with poor road infrastructure. Most villagers were illiterate, had limited hygiene habits and health awareness, and often lacked sufficient financial means for medical treatment. In such circumstances, many villagers fell ill, remained ill, recovered, or died in their homes without ever seeing a physician. For this reason, the only archival records of their deaths are found in death registers, which gives this type of documentation exceptional value.

Despite the variety and importance of the information they can provide, detailed research into entries in church death registers has been largely neglected in Serbian historiography. It cannot be said that such research has been entirely absent; however, the recorded examples are rare, usually partial, limited to smaller areas and most often to wartime periods, with only brief presentations of data — sometimes in the form of mere tabulated lists of the deceased, without discussion and often without quantification.

More than four decades ago, Đenić (1985) analysed death registers from churches in the Zlatibor region, but his study dealt exclusively with the period of World War I and with victims of typhus and Spanish influenza. A decade later, an article by J. Brašanac (1992) examined the participation of residents of the Prijepolje municipality in the wars of 1912–1918 and, in passing — although concisely but substantively — addressed losses among the local population caused by wartime casualties and epidemics. A similar approach was taken by Milenković (2007) in his monograph on Trstenik, and by Josipović (2015) in an article on the village of Strmovo near Užice.

The centenary of World War I encouraged the appearance of new studies; however, most of them focused on war casualties within limited geographical areas. An exception is represented by the works of Krivošev (2020, 2024a, 2024b), in which church death registers from various parts of Serbia were analysed, but with the specific aim of studying victims of Spanish influenza.

A partial step in a new direction was made by Krivošev through an analysis of death registers intended to identify all possible causes of death during the period preceding World War I, again in a smaller area — the villages belonging to the parish of the church in Dračić near Valjevo — and for the seven-year period 1907–1913 (Krivošev, 2025). In the present case study, additional attention is devoted to analysing causes of death in the same area during the five years of World War I, 1914–1918, while the revised earlier study is used as a comparative basis for the preceding, also five-year, period 1909–1913.

Since systematic research on causes of death based on church death registers still represents an underdeveloped, almost pioneering field in Serbian historiography, this paper is conceived as an initial methodological contribution. For that reason, the analysis is limited to total numbers of deaths and broad groups of causes of death, without detailed classification by sex and age. Such an analysis, as well as a wider and more representative territorial scope, if the preservation and accessibility of death registers allow it, should be the task of future research.

Before presenting the case study, this article first provides a brief historical overview of the use and preservation of registers in Serbia, from their initial introduction in the early 19th century to the adoption of regulations on their digitisation in 2011. This is followed by a brief discussion of methodological approaches in countries where historical scholarship has more experience with this type of material, including the classification of historical causes of death according to the ICD10h system. At the end of this theoretical-methodological section, the challenges faced by researchers in Serbia when working with registers, especially death registers, are presented.

¹ This article was written in Serbian; translation by the author with the assistance of artificial intelligence (ChatGPT).

2 HISTORICAL OVERVIEW OF REGISTERS IN SERBIA ²

2.1 INTRODUCTION OF REGISTERS AND REGULATIONS

In Serbia, as in most other European countries, responsibility for keeping registers was initially entrusted to the Church, since it was the only institution present throughout the entire territory. In the parts of present-day Serbia that belonged to the Habsburg Monarchy before the 20th century and were incorporated into Serbia after World War I, the Serbian Orthodox Church began to keep parish registers in the first half of the 18th century. At first this was done voluntarily, but it became obligatory after 1784, when an imperial decree prescribed that all religious communities keep registers of births, marriages and deaths. A little more than a century later, in 1895, the Habsburg Monarchy introduced state registers, while church registers continued to be kept but no longer had the status of official public documents (Arsić, 2000; Marsenić, 2018; Živković, 2013).

By contrast, other parts of present-day Serbia, which later became the core of the independent Serbian national state in the 19th and partly in the 20th century, were under Ottoman rule, where no such obligation existed. This part of Serbia gradually acquired autonomy through the armed phase of the Serbian Revolution, marked by the First and Second Serbian Uprisings (1804–1815). Autonomy was significantly expanded through a series of sultanic *hatt-i sharifs* issued between 1830 and 1833, after which Serbia became a vassal principality within the Ottoman Empire. Full independence was gained by the decisions of the Congress of Berlin in 1878.

The first examples of unofficial parish record-keeping date from the early period of limited autonomy, beginning with the Cathedral Church in Belgrade in 1816, followed by certain churches in the interior. The keeping of such books became obligatory as the state developed; with the development of autonomy, state organisation also developed and various administrative bodies were formed. In 1836 the Ecclesiastical Consistory of the Metropolitanate of the Principality of Serbia was established. In the following year, 1837, it issued an order requiring all churches to keep registers of baptisms, marriages and deaths. In the initial phase, church registers were handwritten in ordinary notebooks, and the manner of entry was left to the judgement of individual priests. Later, the registers began to be printed as standardised forms containing all necessary fields. In the case of death registers, which are the focus of this article, a standardised form was established (Arsić, 2000; Živković, 2013).

This church order gained legal force in 1844, when the first Civil Code of the Principality of Serbia was adopted, while the Criminal Code of 1860 prescribed severe penalties for failing to keep registers. Priests were required to enter events in the books promptly, chronologically, neatly and in detail, and to keep them "in a cupboard or chest, under lock and key". Although these regulations were certainly implemented to some extent, the precise degree of their application remains unknown. It is reasonable to assume that implementation was limited or inconsistent, which probably contributed to the need for the adoption of the next regulatory measure (Arsić, 2000).

After Serbia gained full independence in 1878, the Statistical Department of the Principality issued detailed instructions for keeping registers in 1879. It was prescribed that the oldest priest in a parish was responsible for the accuracy, correctness and preservation of the books. In 1887 it was ordered that a separate archival building be erected at every parish church for the preservation of registers and other church documents. These were small, separate buildings placed next to churches, most often within the churchyard, and were called church offices. Some of them have been preserved to this day, such as the church office in Brankovina (municipality of Valjevo). Over time, as these church offices deteriorated, larger parish houses began to be built next to churches, often with living quarters for clergy, and archival material was moved to special rooms within these new buildings (Arsić, 2000; Živković, 2013).

In order to further ensure uniformity and accuracy in church administration, the Ecclesiastical Court of the Belgrade Eparchy issued an instruction in 1891 prescribing that all newly appointed priests, upon taking office, must be thoroughly trained in administrative work. The regulations were strict and clear, and over time priests gained experience and developed a satisfactory level of practice, although conditions were not always ideal. A similar situation can also be observed after World War I, when the former Principality, and from 1882 the Kingdom of Serbia, became the leading component (Piedmont) of the newly formed, much larger state: the Kingdom of Serbs, Croats and Slovenes, later the Kingdom of Yugoslavia (Arsić, 2000).

2 For the historical development, legal framework, preservation, archival acquisition and digitisation of registers in Serbia, see Arsić (2000), Cvetković (2020), Marsenić (2018), Stepanović (2022), and Živković (2013).

2.2 FORMAT AND LAYOUT OF THE REGISTERS

The printing of all registers was a state monopoly and they were printed exclusively at the State Printing Office. Penalties for printing such books in any other printing house were severe, and a warning to that effect was printed on every odd-numbered page. In addition, detailed instructions for keeping the books were printed on the opening pages of each register (Arsić, 2000; Stepanović, 2022).

As for the form itself, the format of the books was designed so that all information about one deceased person could be entered on one full page, as can be seen in the example given in Figure 1 (Arsić, 2000; Stepanović, 2022).

Figure 1 Example of a death register form from the second half of the 19th century (parish of the church in Užice)

СТРАНА 1

за уписивање умрлих у 189 години

Редни број 1

1	Име и презиме, радња и пол умрлог.	Марија Јовановић - дијете - мушки
2	Брачно стање: нежењен, неударен, жењен, удата, удов, удова, разведен, разведена	Нежењен.
3	Место где је умро, од какве болести или којим начином умро, и у коме је гробљу сарањен.	у Ужичу, од Запаленог плућа не маршираше у њеном гробљу.
4	Година, месец и дан кад је умро.	1893. Јануара 4.
5	Време кад је умро, дању или ноћу, пре или после подне, пре или после поноћи.	по поноћи
6	Година, месец и дан кад је сарањен.	1893. Јануара 5.
7	У ком је месту рођен; кога дана, месеца и године или колико му је било година.	у Ужичу. / Селецу.
8	Где је највише становао.	у Ужичу.
9	Код умрлог деце: име и презиме, радња и место станована родитеља.	Вукладин и Ђорђа Јовановић оца и Ужичу.
10	Име и презиме свештеника и које парохије, који је опело свршио.	М
11	Је ли умрли своје грехе исповедао и причестио се.	—
12	Примедба за све случајева. Код умрлог деце бележиће се овде: дан, месец и година рођења и број под којим су записани у књизи рођених.	

(ЦЕНА КЊИГЕ 21 ДИНАР.)

Note: This sheet contains an indicative entry showing that a six-month-old child died of pleurisy.

In the case of death registers, which are the main subject of this paper, a standardised form was established containing the following rubrics: serial number — at the top of the page, outside the rubric — and then entries within the rubrics:

1. Name, surname, occupation and sex of the deceased;
2. Marital status: unmarried man/woman, married man/woman, widower, widow, divorced man, divorced woman;
3. Place of death, cause or manner of death, and cemetery of burial;
4. Year, month and day of death;
5. Time of death — whether by day or night, before or after noon, before or after midnight;
6. Year, month and day of burial;
7. Place of birth and, if known, day, month and year of birth, or age at death;
8. Place of longest residence;
9. For deceased children: name, surname, occupation and place of residence of the parents;
10. Name and surname of the priest who performed the funeral service and his parish;
11. Whether the deceased confessed and received communion before death;
12. Remarks — for all special cases. For deceased children, the remarks included the day, month and year of birth, as well as the number under which they were entered in the birth register.

Figure 2 Example of a death register form from the first half of the 20th century (parish of the church in Karan)

Figure 2 shows a double-page spread of a death register form from the parish of the church in Karan. The left page is titled "Књига цркве Каранске храма Св. Благовешћенице" and contains a table with columns for serial number, name, date of death, and burial. The right page is titled "за уписивање умрлих у 1914 години" and contains a table with columns for name, date of death, cause of death, and burial. Both pages contain handwritten entries in Cyrillic script.

1	2	3	4	5	6
Поредни број	Име и презиме закључено (код деце: име, презиме, датум рођења) година старости, браво стање, пол и год уписа	Место где је умро	Година, месец, дан и време смерка	Година, месец, и дан сахрањено	У коме је гробљу сахрањено
99	Васиљана кћи Миљана Кривошита, сест. у 1. м. сест. Миљана Православна Српкиња	Витане	1914. 1. Априла 2		Витане
100	Јелисавка Миљине. вита, пензионера 5 год. узраста 40 год. - Миљана Православна Српкиња	Битане	1914. 1. Априла 2		Битане
101	Јелиска кћи Миљана Кривошита, сест. у 1. м. сест. Миљана Православна Српкиња	Битане	1914. 3. Априла 3		Битане
102	Владислав син Анђелина Владиславића, сест. у 1. м. 10 год. - Миљана Православна Српкиња	Битане	1914. 3. Априла 4		Битане
103	Миљана Кривошита, кћи. 61 год. удовца Православна Српкиња	Битане	1914. 3. Априла 4		Битане
104	Владислав Владиславић Памитић, сест. у 1. м. 48 год. пензионера 26 год. Православна Српкиња	Битане	1914. 6. Априла 4		Битане
105	Јован В. Миљановић сест. 44 год. пензионера 19 год. Православна Српкиња	Битане	1914. 6. Априла 4		Битане
106	Јелисавка кћи Миљана Кривошита, сест. у 1. м. 48 год. пензионера 26 год. Православна Српкиња	Битане	1914. 7. Априла 8		Битане

1	2	3	4	5	6
Место рођења	Где је умро	Од кога је болест или узрок кратког уписа	Име и презиме својим именом или децом својим	Датум уписа време исписано и кратко	Примедба
Витане	Витане	Кривошита	Миљана	1914. 1. 4.	1914. 1. 4.
Битане	Битане	Кривошита	Јелиска	1914. 1. 4.	1914. 1. 4.
Битане	Битане	Кривошита	Владислав	1914. 1. 4.	1914. 1. 4.
Битане	Битане	Кривошита	Миљана	1914. 1. 4.	1914. 1. 4.
Битане	Битане	Кривошита	Владислав	1914. 1. 4.	1914. 1. 4.
Битане	Битане	Кривошита	Јелиска	1914. 1. 4.	1914. 1. 4.
Битане	Битане	Кривошита	Владислав	1914. 1. 4.	1914. 1. 4.
Битане	Битане	Кривошита	Миљана	1914. 1. 4.	1914. 1. 4.

Note: This double-page spread shows that during the first week of April 1909, eight persons died in the villages of the parish of the church in Karan, near Užice: one child was born prematurely, two newborns died of febrile convulsions, two persons of pneumonia, two of typhus, and one of tuberculosis.

At the beginning of the 20th century certain changes were introduced in the appearance of the forms. The format was adapted so that entries were made on two facing pages, making it possible to record eight deceased persons on a single double-page spread, as shown in Figure 2. The questions remained largely similar to those in the earlier form, with certain changes involving the merging or separation of individual fields (Marsenić, 2018; Stepanović, 2022):

1. Serial number;
2. Name and surname, occupation (for children: name, surname and occupation of the parents), age, marital status, religion and sex of the deceased;
3. Place of death;
4. Year, month, day and time of death;
5. Year, month and day of burial;
6. Cemetery of burial;
7. Place of birth;
8. Place of longest residence;
9. Cause or manner of death;
10. Name and surname of the priest who performed the funeral service;
11. Whether the deceased confessed and received communion;
12. Remarks.

At the bottom of the page, in small print, it was stated "In the remarks column, enter all other significant data, and for children: day, month and year of birth and the entry number in the birth register".

2.3 CHANGES AFTER WORLD WAR II

After World War II, following the transition to a one-party socialist political system led by the Communist Party, legal practice concerning registers changed.

Under the Law on State Registers of 1946, responsibility for keeping registers of births, marriages and deaths was transferred to the state and entrusted to municipal registry offices. At that time old parish registers were taken from the churches. The original plan was to transcribe them and return them by the end of 1950, but this was never fully implemented. Only a small part was transcribed, and even in those cases the originals remained in municipal services or were later transferred to regional state archives (Cvetković, 2020; Živković, 2013).

A larger and more organised effort to transfer registers to archives began in 1983. At first this was done sporadically and independently, and from 1987 more systematically and on a larger scale. Archives took over only non-operational registers: birth registers older than 110 years, and marriage and death registers older than 80 years. Nevertheless, many books remained in municipal depots even after that. The reasons are linked to the inefficiency of municipal administrations, which had not digitised particular copies of registers (Cvetković, 2020; Stepanović, 2022).

After the turbulent events at the end of the 20th century, the one-party system collapsed and Yugoslavia disintegrated. At the beginning of the 21st century, now independent Serbia began to address the preservation of old parish registers. A government decision from 2011 ordered that the old books be copied and bound in their original format, and that the original books be returned to the churches as their true creators, with an obligation to preserve them under appropriate archival conditions (Cvetković, 2020; Živković, 2013).

Given that tens of thousands of books are involved, the return process has not yet been completed. One reason is that many churches do not have adequate conditions for archival preservation. For this reason, the current situation is highly diverse: original church registers may be located in churches, municipal registry offices or state archives. Some municipalities have copied and bound versions, others have not completed that process, and some possess scanned digital versions that are not publicly available. Archives continue efforts to digitise original books, but most digital images are available only on site. Very few archives, such as the Historical Archives of Belgrade, have made them available online (Cvetković, 2020; Stepanović, 2022; Živković, 2013).

For now, the digitisation process is basic: it is limited to scanning and compiling images of pages, without the possibility of searching the content, which makes research work more difficult (Cvetković, 2020).

The described initial digitisation process applies to all types of church registers — birth, marriage and death registers. However, particular priority appears to have been given to death registers, probably because of their potential to provide a broader and multidimensional range of historical, demographic and epidemiological insights. As sources that often contain detailed information on age, cause of death, social status and family ties, death registers provide valuable data for researchers from various disciplines, including history, anthropology and public health (Marsenić, 2018; Stepanović, 2022).

2.4 EUROPEAN CONTEXT, DIGITISATION AND THE CLASSIFICATION OF HISTORICAL CAUSES OF DEATH

The problems that accompany research on death registers in Serbia are not an isolated case. Similar issues arise in other European settings in which parish, church or civil registers are used as sources for historical-demographic, epidemiological and social-historical research. Countries and regions differ in the timing of the introduction of registers, the jurisdiction of church or state institutions, the degree of preservation of the material, availability to researchers and level of digitisation. In some settings, digitisation has advanced further and includes not only scanning but also indexing or transcription of data, whereas in other cases, as in Serbia, digitisation is generally limited to the creation of digital images of pages, without the possibility of searching the content.

A particular problem is that, even when death registers contain rubrics for entering causes of death, entries are not always equally reliable, precise or comparable. In European practice too, the completion of this rubric often depended on local administrative rules, the availability of physicians, the education of the person entering the data, the medical knowledge of the period, and local, vernacular or inconsistent disease names. Researchers therefore face problems similar to those present in Serbian registers: imprecise diagnoses, descriptive formulations, changing terminology, incorrect or incomplete entries, and difficulties in distinguishing between immediate and underlying causes of death.

In European historical demography and the history of medicine, these problems have led to the development of specific approaches for coding and classifying historical causes of death. One of the most important is the introduction of the ICD10h standard — a historical classification of causes of death based on the modern International Classification of Diseases, ICD-10, but adapted for work with historical individual-level records of cause of death. ICD10h was developed as a research tool for coding, grouping and comparing historical causes of death, especially when large individual-level databases are used. Its aim is to enable researchers to interpret historical records more systematically and comparably (Reid et al., 2024).

The application of such a system to Serbian death registers could be very useful, but at the present stage it would also have significant limitations. Serbian entries in church registers are often not based on a physician's diagnosis, but on the priest's assessment, a family's statement, or local understandings of disease. In addition, entries may be very general, such as "unknown illness", "weakness", "long illness", "old age" or "natural death", which makes precise coding according to any classification system difficult. For this reason, the application of systems such as ICD10h to Serbian sources cannot be mechanical, but requires additional preparation, verification and adaptation to the domestic historical and terminological context, with scholarly consensus. Serbian death registers therefore have great potential for inclusion in broader European comparative research, but only after careful prior analysis of terminology, the local administrative context and the limits of the material itself.

Precisely these issues — the accessibility and preservation of registers, continuity of entries, reliability of recorded data and problems of interpreting stated causes of death — form the basis of the methodological challenges discussed in the next chapter.

3 CHALLENGES IN ANALYSING DEATH REGISTERS³

The incomplete process of digitisation further complicates access to church death registers, since the originals are kept in various institutions, while access to books preserved in municipal registry offices is hindered by additional bureaucratic procedures.

While this problem can be solved, the question of preservation, that is, the loss of registers, cannot be remedied retrospectively. Some books have been lost or destroyed through sheer negligence, others through natural disasters such as floods and fires, but most perished during wars, partly in the First and even more in the Second World War. Destruction was caused by the actions of occupation forces, including bombing, shelling and burning during punitive expeditions, but also by the revolutionary practices of communist liberation units. For example, death registers in Gornji Milanovac (Moravica District) burned during the German bombing on 15 October 1941. In some cases, however, the precise reason for destruction remains unknown. Thus, death registers for part of the municipality of Osečina (Serbia, Kolubara District), covering villages around the small town of Pecka, were destroyed during World War II, but oral testimonies differ. According to one version, the books were burned by Partisans at the beginning of the summer uprising in 1941; according to another, they were destroyed by members of a German punitive expedition. There are also cases in which registers were destroyed much later. During the crises of the 1990s, books kept and used in the local office of the village of Vrmdža near Sokobanja (Zaječar District) were damaged through negligence and improper handling.

When researchers manage to access original, copied or digitised copies of registers, they often face new challenges during analysis. These challenges can generally be divided into two basic categories. The first concerns delays or interruptions in keeping and updating the books, which can lead to incomplete or inconsistent datasets. The second concerns inaccuracies and ambiguities in the recorded information, especially regarding causes of death. Such problems can arise from different levels of medical knowledge, differences in terminology or scribal errors, all of which complicate the reliability and interpretation of data in historical and demographic research.

3.1 DELAYS IN RECORD-KEEPING

Delays in keeping church registers manifest themselves in two different ways. The first involves the absence of entries over several months or even years, which represents an insurmountable problem. The second type of delay leads to problems that, although solvable, can be overcome only with increased caution on the part of the researcher. These are entries not kept in chronological order.

For reasons that remain unknown, the death register of the church in Lelić (Kolubara District) was not kept during the war year 1915. In that year Serbia was devastated by a major typhus epidemic that took more than 100,000 lives. On the other hand, the death register of the church in Aranđelovac (Šumadija District) was not kept during 1918, when Spanish influenza swept across the world. A possible cause may have been the absence or death of the local priest. However, the priest from the neighbouring village of Bukovik took over his duties and entered the deceased from the Aranđelovac parish in his own book, thus preserving the data.

The shortage of priests was a common problem during World War I. Some fled, retreating with the Serbian army to Greece after the occupation in 1915. Others were killed in combat or died of disease, while some were taken into captivity. In such cases priests from nearby parishes were assigned to perform church administration. Unlike the priest from Bukovik, who entered the deceased from the Aranđelovac parish in his own book, most temporary priests continued to use the books of the church they were temporarily administering. For example, priests from Valjevo — M. Jerotić, from Rabrovica — Lukić, and from the Gračanica church — A. Jeremić, all from Kolubara District, alternately replaced the interned priests Svetozar Petrović and Čedomir Vićentijević in Brankovina, as well as Boško Milovanović in Jovanja. Because of the heavy workload, they were unable to keep all entrusted books accurately and promptly, especially in the autumn of 1918, when Spanish influenza caused mass deaths.

In many cases, deaths from one village were entered over several days, and when data arrived from another village — where mortality may have begun earlier — those cases were entered subsequently.

3 Based on Krivošev (2023). The article is based on previous research experience in studying the impact of Spanish influenza in Serbia, which has resulted in the publication of approximately 20 articles and four monographs (Krivošev, 2020, 2023, 2024a, 2024b).

The process was repeated with entries from different villages, often with considerable delay. Individual sequences of entries were interrupted by occasional notes about soldiers who had died earlier at the front or in distant military hospitals, after the family had received notification with delay.

Such circumstances led to numerous errors, which also occurred in more regular times. For example, the death of Živan Stokić from the village of Desina (Moravica District) was not entered at the beginning of 1918, when it occurred, but only at the end of that year, when many of his relatives died of Spanish influenza. It seems that the family reported all these deaths together afterwards.

In some parishes without a priest there was no one to keep the books. One such case was the church in Gvozdac near Bajina Bašta (Zlatibor District): one priest had died, another retreated with the army to Greece, and the books remained unkept.

Unlike these cases in parts of Serbia under Austro-Hungarian occupation — where the Serbian Orthodox Church continued to function — the situation in south-eastern Serbia under Bulgarian occupation was different. The Bulgarian occupation authorities expelled all Serbian priests and replaced them with their own. These Bulgarian priests kept their own registers, which they took back to Bulgaria after the war.

Regardless of the reason why books were not kept during the war, most of them were subsequently updated, although not always precisely. For example, in the village of Strmovó, which belonged to the Gvozdac parish, there is a grave of Teofil Ranković, who died in November 1918, but his death was not entered in the subsequently updated books.

In other parishes, death registers were not supplemented at all — as in several villages around Požarevac (Braničevo District), where entries stopped at the end of 1915 and resumed in 1919 without retrospective notes.

Although the aforementioned Teofil Ranković died at the height of the Spanish influenza wave, the cause of his death on the tombstone was recorded as *gripa* (influenza). This example raises the problem of incorrect or imprecise recording of causes of death.

3.2 INCORRECT OR IMPRECISE RECORDING OF CAUSES OF DEATH

According to the Law on the Organisation of the Medical Profession of 1881, causes of death were to be determined by a district or municipal physician, based on mandatory reporting by the family, and only after that could burial be approved. However, in rural Serbia — with very few physicians covering large territories — this legal requirement was rarely enforced. It was applied in towns and nearby villages, though not consistently even there, while in remote mountainous areas villagers generally died without medical supervision and were buried without an officially established cause of death.

In such cases, priests were the ones who, on their own initiative, determined the cause of death when entering it. The accuracy of entries depended on their education, any additional medical training and experience, but also, to a large extent, on conversations with relatives of the deceased. As the cause of death of parishioners they knew, priests entered a disease they knew the deceased had suffered from, or one reported to them by relatives, and sometimes they made a diagnosis themselves on the basis of a description of the illness. For this reason, descriptive data sometimes appear in death registers: died of weakness, died suddenly, died of a long illness, or somewhat more specifically: of a bone disease, of an abdominal disease. Often the rubric "Cause of death" simply stated "unknown illness". Sometimes a large number of people died within a short period of an unknown illness, indicating a local or wider epidemic. In other cases such entries referred to individual cases, most often among infants and young children. In those instances priests did not enter the broader formulation "unknown illness", but only "unknown". On the other hand, some priests in such cases entered *fras* (febrile convulsions).

In the parish church in Dračić, an unknown cause of illness was recorded in 1909, when 146 people died, in two cases; in 1911, when 34 people died, in eight cases; in 1912, when 81 persons died, in 15 cases; and in 1914, when 102 people died, in nine cases. In 1915, when the great typhus epidemic raged and a total of 300 people died, unknown illness appears as the cause of death 24 times.

During the pandemic of Spanish influenza, that is, the pandemic influenza of 1918, priests used different names for the disease: Spanish fever, Spanish high fever, Spanish influenza, Spanish disease, Spanish weakness, and even Spanish malaria. Sometimes they confused the new and unknown disease

with other diseases known to cause mass mortality. Thus some priests entered typhus, typhoid fever, cold or malaria as the cause of death for many who probably died during the pandemic wave.

In addition to inaccuracies, many records lacked medical precision. This often applied to diseases with multiple causes but similar symptoms and broad general names — such as typhus, dysentery and viral rash diseases, which in Serbian are collectively called *boginje*. Although dysentery can be caused by different pathogens with different mortality rates, entries usually recorded only *dysentery* or the folk name *srdobolja*, whether the cases were isolated or part of mass outbreaks. Sometimes *boginje* were specified as "small" (*morbilli*) or "great" (*variola*), but often they were not. The same applies to typhus, which could be typhoid fever, epidemic typhus or relapsing fever (*recurrens*), including various forms of paratyphoid. For this reason, in this analysis entries given under the general term *tifus* are treated as a common typhus/typhoid category, except where the source explicitly allows a more precise distinction.

As shown, incorrect or imprecise data can pose a serious problem in research aimed at determining causes of death. However, even medically accurate data can create ambiguities. For example, the most common immediate cause of death among victims of Spanish influenza was secondary pneumonia. In cases where a physician was consulted and confirmed the death, the immediate cause was usually entered as "pneumonia", rarely with the additional note "due to Spanish influenza". Many who died of pneumonia were therefore also victims of the pandemic. Similar, although rarer, cases concern other immediate causes. For example, in the Kragujevac death register (Šumadija District), the cause of death of Simka Jakovljević was recorded as "heart weakness". However, her daughter, the well-known writer Mirjana Jakovljević Mirjam, described in her memoirs the illness that affected many residents of Kragujevac during the influenza pandemic, including her mother. She recalled the doctor's words: "Her heart has weakened from the flu; she will not live to see the morning". Thus, she did die of heart disease, but Spanish influenza hastened her death.

All these complications were taken into account in preparing the following case study.

4 CASE STUDY: CAUSES OF DEATH IN THE PARISH OF THE CHURCH IN DRAČIĆ DURING THE PERIOD 1909–1918

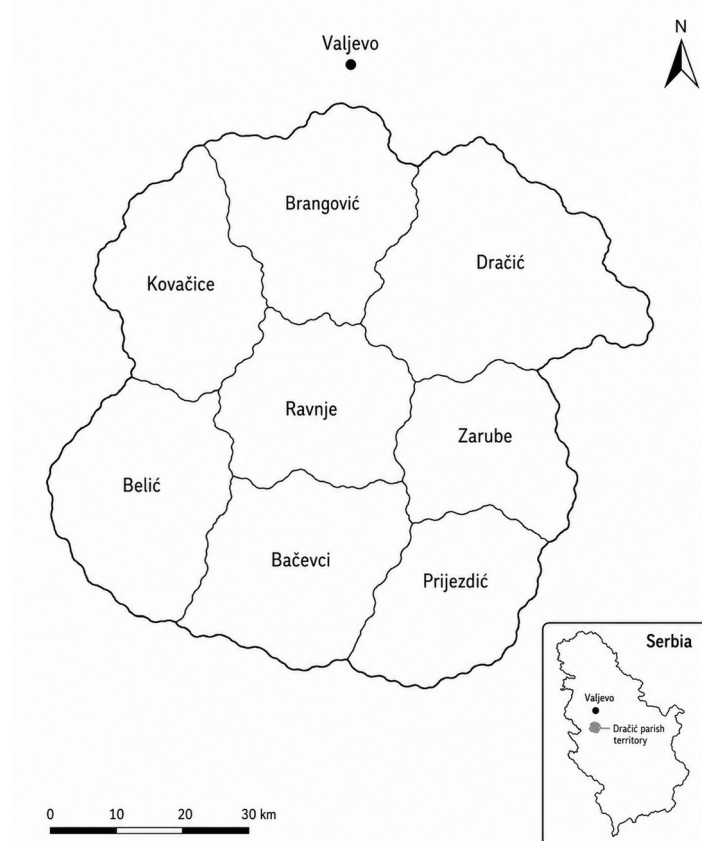
4.1 SUBJECT OF THE RESEARCH

One particularly interesting topic in the study of causes of death is whether, to what extent and in what ways causes of death among the population differ in wartime conditions compared with peacetime or relatively peacetime periods. This question opens additional issues related to the appearance of specific wartime epidemics among both soldiers and civilians, as well as to the relationship between the number of victims of direct combat operations and those who died from various other causes.

In Serbian scholarship this topic has not yet been systematically researched, which justifies beginning with a case study focused on a smaller territorial unit. The selected area is the Dračić church parish, and the research covers a 10-year period (1909–1918). The Dračić parish was not chosen with the intention of representing Serbia as a whole, but as a well-documented and research-suitable example of a rural community in western Serbia. Its value lies above all in the possibility of microhistorical and historical-demographic analysis based on a relatively continuously kept and preserved death register. The results obtained from this example may be relevant for understanding certain mortality patterns in the hilly and mountainous villages of the Valjevo region and wider western Serbia, but they cannot be automatically transferred to urban environments, lowland areas or regions directly affected by front-line operations. This study is therefore not offered as a representative cross-section of conditions in Serbia, but as a case study pointing to the research potential, methodological possibilities and limitations of church death registers as sources.

The village of Dračić is located southeast of Valjevo, the administrative centre of today's Kolubara District and formerly of Valjevo District. The parish of the church in Dračić included eight villages: Dračić, Ravnje, Zarube, Bačevci, Brangović, Kovačice, Prijezdić and Belić. The parish lies on the hilly northern slopes of the Valjevo mountains. The villages of Dračić, Brangović and Belić are closer to Valjevo, while the others are more distant and harder to reach (see Figure 3).

Figure 3 Territorial scope of the Dračić parish and its location in Serbia



Note: Cartographic representation prepared for the purposes of the paper, made with the assistance of the AI tool ChatGPT.

According to the population census of 1900, all villages within the parish of the church in Dračić had 2,586 inhabitants; 10 years later this number had increased to 2,860 ([Kingdom of Serbia, 1911](#)). The period between the two censuses was a decade of demographic expansion throughout Serbia. However, six years later, according to the Austro-Hungarian occupation census, the same parish had significantly fewer inhabitants — 2,355 ([K.u.K., 1917](#)).

The main reason for the decline in population between the two censuses lay in wartime circumstances: partly in military operations, but above all in the consequences of the great typhus epidemic. In addition, the large negative difference was partly the result of the imprecision of the 1916 census, because it did not include inhabitants who were absent at that time: those who, as soldiers or civilians, withdrew with the army to Greece at the end of 1915.

As emphasised in the introductory part of the article, causes of death in the territory of the parish of the church in Dračić were analysed for the period 1907–1913 ([Krivošejev, 2025](#)). The results presented in this paper represent an extension of that earlier study.

4.2 DISCUSSION

The 10-year period 1909–1918 was chosen because it allows a comparison of two subperiods of equal duration, five years each, marked by different historical circumstances.

The first subperiod, from 1909 to 1913, preceded World War I and is important for determining causes of death under relatively peacetime conditions. The term "relatively" is emphasised here because during this subperiod, from autumn 1912 to summer 1913, Serbia participated in two regional wars: the First Balkan War against the Ottoman Empire and the Second Balkan War against Bulgaria. However, there are several reasons why, for the purposes of analysing local mortality in the Dračić parish, this period can be viewed as part of a broader pre-war, or conditionally peacetime, subperiod.

The main source for determining causes of death is the *Book of the Church of Dračić, Temple of the Holy Apostles, for Recording the Deceased*, kept for the years 1907–1925. The original book is preserved in the Inter-Municipal Historical Archives in Valjevo; it has been digitised by simple scanning and by compiling the scanned pages into a single PDF document.

This book was kept almost continuously for 13 years by the priest Stevan Popović. From autumn 1916 he was replaced by his colleague Vasa J. Popović, who made entries until the beginning of 1918. According to Kostić's list of priests interned during the occupation, Stevan Popović was interned in Austria-Hungary from 16 September 1916 to 1 February 1918, because the occupation authorities labelled him as "Politische Parteigänger, heimliche Wühler, Aufsicht unbedingt notwendig" [An adherent of political parties, a secret agitator, over whom supervision was absolutely necessary] (Kostić, 1925).

It appears that Vasa J. Popović, parish priest at the Ćelije monastery, was unable to keep the Dračić books promptly, so Stevan Popović, after returning from internment at the beginning of 1918, also entered several deaths from 1917 retroactively.

After detailed analysis, causes of death were grouped into several categories. The first is "natural death". Priest Popović used this expression for deceased persons of various ages until mid-1909, when he stopped using it and instead more often entered causes such as "old age", and for children "premature birth" or "sudden death — unknown". During the short period in which the book was kept by Vasa J. Popović, the entry "natural death" appears again.

The next categories are "death of a woman in childbirth" and "accidental deaths", which include deaths caused by various unfortunate circumstances, including suicides. A separate category consists of "deaths directly caused by wartime circumstances". It includes parishioners killed in combat, as well as soldiers who died in military hospitals from various causes — wounds, disease or often an "unknown" cause.

Information obtained by researching this category must be interpreted with particular caution. Unlike deaths that occurred within the parish itself and that, as a rule, entered parish records more directly — although, as already shown, omissions occurred even there — the deaths of soldiers, as well as refugee civilians who during the war were far from their villages, most often on the territory of Greece but also in other Allied countries, could not be registered promptly. Their entry depended on subsequent notifications to families, military and civilian administrative channels, and communications that in wartime conditions were often interrupted, delayed or incomplete.

For this reason, the deaths of such individuals were most often registered retrospectively, with considerable delay, sometimes only after the war. At the same time, it is reasonable to assume that many deceased persons were never entered in the church death registers of their home parishes. This category must therefore be recorded and separated, but the data it provides must be approached with great reserve. It cannot be accepted as a complete record of war losses among the inhabitants of the Dračić parish, nor as a reliable basis for precise quantitative comparison with deaths that occurred within the parish itself. Its value is primarily methodological and indicative: it shows how deaths occurring in wartime circumstances entered church death registers, but at the same time reveals another important limitation of this source.

The next separate categories of causes of death are "deaths due to epidemic outbreaks", followed by various "pulmonary diseases", and finally the very diverse group brought together under the title "other diseases". In the tabular synthesis, the category "typhus/typhoid fevers" includes entries in which the source uses the general term *tifus*, including cases that may have belonged to different forms of that disease. The category "pulmonary diseases" includes entries in which pneumonia, tuberculosis and pulmonary catarrh were listed as immediate causes of death. At the same time, especially in the case of pneumonia, it should be borne in mind that in certain cases it may have been the immediate outcome of a wider infection, including Spanish influenza.

A synthesis of the research results is presented in Table 1.

Table 1 *Overview of causes of death among residents of the territory of the church parish in Dračić (Serbia), 1909–1918*

YEAR (total number of deaths)	1909 (146)	1910 (39)	1911 (34)	1912 (81)	1913 (98)	Sum 1909–1913 (398)	1914 (102)	1915 (300)	1916 (35)	1917 (38)	1918 (113)	Sum 1914–1918 (588)	Total 1909–1918 (986)
NATURAL DEATH	21	15	14	21	22	93	25	44	14	21	20	124	217
Natural death	16								2	10	4		
Old age	3	6	6	6	8		15	20	3		12		
Sudden death — unknown	2	8	8	15	13		9	24	7	8	4		
Premature birth		1			1		1		2	3			
DEATH OF A WOMAN IN CHILDBIRTH	1	1		2	1	5			1		1	2	7
ACCIDENTAL DEATHS	1	2	0	1	2	6	2	11	0	2	1	16	22
From the consequences of burns		2			1		1						
Drowning					1						1		
Died in a blizzard				1									
Suicide	1						1	4		2			
Fall from a height										2			
Later consequences of injuries								4		1			
Killed by bandits								2		1			
Exhausted from travel								1					
CAUSED BY MILITARY OPERATIONS					18* (+2)	20	9* (-2)	11				18	38
EPIDEMIC DISEASES	96	2	1	32	19* (+2)	152	43* (-2)	214	9	1	77	342	494
Pertussis	17			10			4	0	0	0	0		
Typhus/typhoid fevers			1	1	5		13	183	2	0	0		
Diphtheria				1	3		14	23	3	1	0		
Scarlet fever	26				1		1	5	1	0	0		
Dysentery	49	2		20	3		1	0	3	0	0		
Measles	4				2			3					
Pox/rash disease (unspecified: measles/variola)					5		8						

YEAR (total number of deaths)	1909 (146)	1910 (39)	1911 (34)	1912 (81)	1913 (98)	Sum 1909–1913 (398)	1914 (102)	1915 (300)	1916 (35)	1917 (38)	1918 (113)	Sum 1914–1918 (588)	Total 1909–1918 (986)
Cholera	0	0	0	0	0* (+2)		2* (-2)	0	0	0	0		
Spanish influenza	0	0	0	0	0		0	0	0	0	77		
PULMONARY DISEASES	13	9	8	14	21	65	14	18	9	12	6	59	124
Pulmonary catarrh		1	1	3	4		1	3	1	1	1		
Tuberculosis	4	3	1	5	8		3	5	2	2	1		
Pneumonia	9	5	6	6	9		10	10	6	9	4		
OTHER DISEASES	14	10	11	12	15	62	9	2	3	3	8	25	87
Heart attack			1							1			
Stroke			1										
Encephalitis	3	1	2	3	2		1		2				
Orchitis					2								
Endometritis				1							1		
Nephritis	1				1								
Inflammation of the intestines	1				1								
Sepsis				1									
Hydrops / oedema	3	1	2	4	4		3			1	2		
Leg oedema		1		1									
Ileus		1											
Uterine cancer	1												
Peritonitis					1								
Rheumatism	1	1											
Bone tuberculosis		1											
Spinal hump					1					1			
Meningitis			1					1					
Erysipelas			1										

YEAR (total number of deaths)	1909 (146)	1910 (39)	1911 (34)	1912 (81)	1913 (98)	Sum 1909–1913 (398)	1914 (102)	1915 (300)	1916 (35)	1917 (38)	1918 (113)	Sum 1914–1918 (588)	Total 1909–1918 (986)
Epilepsy	1				1		1			2			
Mouth cancer		1					1						
"Tooth-related cheek wound"													
"Died during surgery"											2		
"Long illness — exhaustion"	1	3	2	2	1		3		1	1	3		
"Long-term bone disease"	1		1		1			1					
"Long-term abdominal disease"	1												

Note: The asterisk (*) indicates deaths from one year that were entered in the death register during the following year. These were soldiers who died at the front or in distant military hospitals. Their deaths are shown in the table in the year in which they were registered in the book and are additionally marked with the symbols (+/–).

4.2.1 MORTALITY DURING THE SUBPERIOD 1909–1913

During the 10-year period from 1909 to 1918, a total of 986 deceased parishioners were registered in the territory of the parish of the church in Dračić, representing 34.47% in relation to the population according to the 1910 census. The most common cause of death was epidemic disease: first the World War I typhus epidemic and the Spanish influenza pandemic, and then the frequent epidemics of pertussis, diphtheria, scarlet fever, dysentery and various diseases often grouped in the source under the name *boginja*, which were present even in relatively peacetime years. Their consequences caused the deaths of more than half of the deceased (494), while deaths that can be classified as "natural causes" accounted for less than a quarter (217). The overall picture differed considerably in the different five-year subperiods.

In the first subperiod, from 1909 to 1913, a total of 398 deaths were registered, with the number of deaths differing drastically from year to year. The highest number of deaths was recorded in 1909, when local epidemics were registered, above all a dysentery epidemic that claimed 49 lives, followed by scarlet fever (26 victims) and whooping cough (*pertussis*; 17). Local outbreaks of these diseases continued in the following years. Together with typhoid fever, diphtheria and *boginja* (measles, varicella or variola, depending on the precision of the entry), they caused a total of 152 deaths (38.19% of all deaths), considerably more than deaths caused by natural causes, childbirth, accidents or wartime causes combined. The second most common cause of death was natural causes (93 deceased), followed by pulmonary diseases (65 deceased), primarily acute pneumonia and then chronic tuberculosis and pulmonary catarrh.

As noted, 1912 and 1913 were war years, but battles were fought in distant regions, and residents of the Dračić parish died far from home. In the death register during those two years, 18 deaths of soldiers killed in combat were recorded, while two more, who died in mid-1913, were entered retroactively in 1914. Thus the Balkan Wars took 20 lives. To this should be added two deaths from epidemic diseases: in 1914, two victims of a cholera epidemic were also entered retroactively; that epidemic did not occur in the rear, but among soldiers on the Bulgarian front in mid-1913.

Unlike the data relating to those who died during World War I, data on soldiers from the Dračić parish who were killed or died during the Balkan Wars are probably considerably more reliable. Combat operations lasted for a relatively short time, with interruptions and periods of calm, and were conducted outside the previous territory of Serbia, without occupation of the home area and without a long-term interruption of state, local and church administration. It can therefore be assumed that military and civilian administrative contacts were preserved to a greater extent, so that notifications of soldiers killed or deceased reached families and parish authorities more easily. Nevertheless, since these were deaths occurring outside the parish and entered on the basis of subsequent notifications, these data too should be interpreted with some reserve, though considerably less than in the case of those who died during World War I.

4.2.2 MORTALITY DURING THE SUBPERIOD 1914–1918

In the second subperiod, from 1914 to 1918, mortality was considerably higher. A total of 588 deceased persons were registered, which was 47.74% more than in the previous five-year period. Here too epidemic diseases claimed the most lives — 342 deaths, or 58.16% of all recorded deaths — considerably more than in the preceding period. On the one hand, deaths from previously common local epidemics, primarily dysentery, scarlet fever and whooping cough, were far less pronounced. On the other hand, deaths from diphtheria increased, while the number of deaths from typhus rose drastically. The reason was the aforementioned major epidemic of three associated types of typhus/typhoid fever in the first half of 1915.

This epidemic wave began at the end of 1914, after the great Serbian victory in the Battle of Kolubara. It is considered that epidemic typhus played the most important role in the high mortality, although other forms of typhus/typhoid fever were also present at the same time, and the death register itself usually does not distinguish them precisely. Austro-Hungarian prisoners of war, transferred from the Russian to the Serbian front, came into contact in camps, hospitals and even on the streets with Serbian soldiers who, during the informal armistice, went on leave or returned home for treatment, thereby spreading the infection throughout Serbia. In the Dračić parish alone, diseases entered as typhus/*tifus* took 183 lives — more than all epidemic diseases combined during the previous subperiod.

In addition to the victims of the typhus epidemic, the dramatic increase in deaths from epidemic diseases was also caused by the global pandemic of Spanish influenza in 1918, which took 77 lives — more than any single disease in the pre-war period.

Entries in the death register for the period 1914–1918 show that all other causes of death took far more lives than the direct wartime operations of World War I. Such a relationship is not in itself unrealistic, given the scale of the epidemics and other diseases that affected the civilian population. Nevertheless, the fact that the book records only 18 fallen soldiers, mostly in the first war year, including retroactive entries made in 1915, deserves particular attention. There is no doubt that bloody battles with major direct military losses were fought from August to November 1914. However, it is difficult to suppose that in the following years there were no further losses among soldiers from the Dračić parish — first at the end of 1915, during the new offensive of the Central Powers, and later, when the Serbian army, after retreating across Albania, was stationed in Greece on the Salonika Front, from where it carried out a strong and rapid breakthrough in the autumn of 1918.

In most death registers in Serbia, direct war victims after the end of 1915 were entered retroactively, most often only after the war, when individual official military notifications reached families and parish authorities. In the death register of the church in Dračić, however, only one such post-war soldier's death was recorded by the end of the observed period. At the beginning of 1919, the death was entered of a soldier who had died at the beginning of 1916 in Shkodër, Albania, during the retreat of the Serbian army toward Greece. This increased the number of registered direct military deaths from the period of World War I to 19, which is fewer than the number of deaths connected with the two short Balkan Wars of 1912–1913.

This figure, however, should not be interpreted as a reliable indicator of the real relationship between military losses in the Balkan Wars and World War I. On the contrary, it above all points to the serious limitations of the register as a source for recording deaths that occurred far from the home parish. It is especially likely that soldiers' deaths after the retreat of the Serbian army, during its stay in Albania, Greece, on the Salonika Front or in Allied hospitals, were under-recorded. Interruptions in communication, occupation of the country, displacement of the population, internment of priests and

delayed arrival of military notifications could have led to individual deaths being entered with great delay, while some may never have entered the parish records at all.

For this reason, the number of registered military deaths in the death register of the Dračić church cannot be used as a complete measure of the war losses of this local community. It is, above all, an indicator of the way in which news of deaths occurring outside the parish entered local church administration and a testimony to the limitations of such records. For the analysis of the structure of mortality within the parish itself, data on deaths occurring on its territory are much more reliable, especially those on epidemic and other diseases that directly affected the local population.

Analysis of later entries revealed one more death registered with delay — the death of a four-month-old child who died in October 1917 of an unknown cause. The priest wrote "This child was not given a funeral service until my return from Austria, where I had been interned".

4.3 SUMMARY OF THE STUDY

A detailed analysis of entries in the *Book of the Church of Dračić*, intended for recording the deceased, shows that in this rural area of western Serbia epidemic diseases were the dominant cause of death, both in peacetime and in wartime circumstances. The villages around Dračić were regularly affected by larger or smaller, mostly localised epidemics of dysentery, scarlet fever, whooping cough, diphtheria and typhoid fever.

Wartime circumstances further worsened the situation through the emergence of a major typhus epidemic, in which epidemic typhus, relapsing fever and typhoid fever were present simultaneously. During the first half of 1915 this epidemic spread throughout Serbia. In the area of the Dračić parish, diseases entered as typhus/*tifus* took 183 lives, which represents 18.6% of the total 986 deaths recorded during the 10-year period under study and 31.1% of the 588 deaths registered during the war years. Compared with the 2,860 inhabitants recorded in the 1910 census, the victims of this epidemic accounted for 6.4% of the population.

After the end of this epidemic, a significant decline in mortality from the other, previously mentioned local epidemic diseases can be observed. It may be assumed that the main reason for this decline lies in the extremely high mortality during the typhus epidemic of 1915, when many elderly, chronically ill and immunologically weakened people died. The surviving population was therefore more resilient, with a stronger immune system capable of resisting usual infectious diseases — but not the consequences of a new disease, Spanish influenza, which appeared in 1918. This pandemic took 77 lives, corresponding to 3.27% of the 2,355 inhabitants recorded in the 1916 census.

According to the data from the register, epidemics — both large and smaller, local ones — took considerably more lives than direct combat operations. Nevertheless, this relationship should be interpreted cautiously, because it is likely that a significant number of soldiers who died far from the parish, especially during World War I, were not recorded in the local death register.

5 CONCLUSION

The analysis of the death register of the church in Dračić for the period 1909–1918 shows that epidemic diseases were the dominant cause of death in this rural parish of western Serbia, both in the years preceding World War I and during the war itself. In the first five-year subperiod, mortality was shaped above all by local epidemics of dysentery, scarlet fever, whooping cough, diphtheria, typhus and *boginja*, while during the war years two major epidemic crises had a decisive impact: the typhus epidemic of 1914–1915 and the Spanish influenza pandemic of 1918. According to the death register, diseases and epidemics took considerably more lives than direct combat operations.

This conclusion, however, must be interpreted with methodological caution. Data on deaths that occurred within the parish itself are more reliable than data on soldiers and refugee civilians who died far from their villages, at the front, in military hospitals, during the retreat or in Allied countries. Their deaths were often recorded subsequently, with delay, and it is reasonable to assume that some of them

were never entered in the death register of their home parish. For this reason, the number of registered direct war-related deaths cannot be regarded as a complete measure of war losses, but above all as an indicator of the way in which war deaths entered local church administration. Precisely this difference between relatively direct local entries and less reliably recorded deaths occurring far from the parish represents one of the key methodological limitations of this source.

In this sense, the study represents a modest but, in Serbian historiography, largely pioneering contribution to the study of causes of death based on church death registers. Its aim was not to exhaust all analytical possibilities offered by this type of material, but to demonstrate, through the example of one well-documented local community, its research potential as well as the limitations of its use. Death registers make it possible to observe not only demographic and epidemiological phenomena, but also broader social and historical circumstances: access to health care, the reliability of administrative records, the consequences of war, local epidemic patterns, and the ways in which a rural community was exposed to crises at the beginning of the 20th century.

At this stage the analysis is deliberately limited to total numbers of deaths and broad groups of causes of death, without detailed classification by sex and age. This limitation does not mean neglecting the importance of these issues, but rather consciously defining the scope of an initial study. Analysis of the age and sex structure of the deceased, the calculation of age-specific mortality rates and comparison with available census data represent an important next step. Such research would make it possible to determine more precisely whether, during wartime and epidemic crises, all age and sex groups were affected equally, or whether certain categories of the population were at greater risk.

Future research should be expanded thematically, chronologically and territorially. It is necessary to study different historical periods, not only times of war and crisis, as well as the full range of causes of death. It is especially important to include a larger number of parishes and different parts of Serbia, particularly areas for which continuous series of death registers have been preserved. Such an approach would make it possible to compare urban and rural environments, lowland and hilly-mountainous areas, and regions that in different phases of wars were directly or indirectly affected by military operations, occupation, epidemics, migrations and disruptions of everyday life.

Such a task, however, exceeds the possibilities of individual research work. Systematic study of death registers in Serbia requires an organised team approach, with cooperation among historians, archivists, demographers, historians of medicine, epidemiologists and data specialists. It is necessary to identify and record preserved books, determine their degree of preservation and accessibility, digitise them, transcribe data and develop uniform criteria for classifying causes of death. Only on such a basis will it be possible to assess the extent to which the results obtained from the Dračić parish represent the specific features of one local community, and the extent to which they reflect broader mortality patterns in Serbia at the end of the 19th and the beginning of the 20th century.

For this reason, the paper should also be understood as a call for more systematic research on this type of material. In order for death registers to become a more reliable basis for historical-demographic and epidemiological research, they must not only be digitised but also made available to researchers in a form suitable for scholarly analysis. Their study should be institutionalised, included in university teaching and incorporated into the research agendas of scientific institutes and archival institutions. Only in this way will this material be able to contribute to a deeper understanding of the historical processes that shaped life and death in Serbia, as well as to meaningful comparisons with other European countries

FUNDING

The research presented in this article received no specific funding.

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