

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

PLACE OF DEATH

County Greene
Township First Center
or
Village Elwood
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 320 File No. 30439
Primary Registration District No. 5443 Registered No. 11

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

FULL NAME Robert Lee Foster

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single
DATE OF BIRTH September 12, 1910
(Month) (Day) (Year)
AGE _____ yrs. _____ mos. 18 ds. IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or, employer)

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

PARENTS
NAME OF FATHER Robert Lee Foster
BIRTHPLACE OF FATHER (City or town, State or foreign country) Baldys Mill, Mo.
MAIDEN NAME OF MOTHER Atta M. McSpodden
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Bairdars Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Grace G. Foster
(ADDRESS) R#1 Elwood Mo.

Filed Oct 3 1910 S. J. Freeman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October First, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 12th, 1910, to Oct 1st, 1910, that I last saw him alive on Sept 30th, 1910, and that death occurred, on the date stated above, at 11:00 am.

The CAUSE OF DEATH* was as follows:
Pneumonia from
(Duration) _____ yrs. _____ mos. Eight ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. W. Clark M. D.
Oct 2, 1910 (Address) Bairdars Mo.

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

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 _____

PLACE OF BURIAL OR REMOVAL Yeakley Chapel DATE OF BURIAL Oct 2 1910
UNDERTAKER W. E. Redfern ADDRESS Bairdars Mo.

WRITE PLAINLY, WITH UNFADING INK—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.

MARGIN RESERVED FOR BINDING

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,

DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated as *Farmer (retired, 6 yrs.)*. For persons who have been engaged in business, that fact may be indicated as *House-pation whatever*, write *None*.

Statement of cause of death.—Name, if state of DISEASE CAUSING DEATH (the primary affection from business to time and causation), using always the accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid first, the "Croup"); *Typhoid fever* (never report "Typhoid with remission"); *Lobar pneumonia*; *Bronchopneumonia* (the same as pneumonia, unqualified, is indefinite); *Tuberculosis of lungs*; *Cerebrum, meningitis, peritonaeum*, etc., *Carcinoma, Sarcoma, Epidemic* (name origin; "Cancer" is less definite; use of "Tumor" for malignant neoplasms); *Typhoid pneumonia*, *Tuberculosis*, *Sarcoma*, etc.

coma, 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.)

