

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

PLACE OF DEATH

County Pulaski
Township Cullum
or
Village
or
City (NO. _____ St. _____ Ward _____)

Registration District No. 713 File No. 11628
Primary Registration District No. 594V Registered No. 12

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

FULL NAME

Robert Wesley Lewis

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single
DATE OF BIRTH December 7th, 1886
(Month) (Day) (Year)
AGE 24 yrs. 3 mos. 17 ds. If LESS than 1 day, ___ hrs. or ___ min.?

DATE OF DEATH March 21st, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 19, 1911, to March 21, 1911, that I last saw him alive on March 21, 1911, and that death occurred, on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH was as follows:

227 Tetanus

(Duration) ___ yrs. ___ mos. 6 ds.

Contributory (SECONDARY) unknown
(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) H. J. Kelly M. D.
March 21, 1911 (Address) Waynesville 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 unknown In the unknown State unknown
of death ___ yrs. ___ mos. ___ ds. ___ yrs. ___ mos. ___ ds.

Where was disease contracted Place of Birth
If not at place of death?

Former or usual residence unknown

PLACE OF BURIAL OR REMOVAL Friendship Cemetery DATE OF BURIAL March 21, 1911

UNDERTAKER H. J. Kelly ADDRESS Waynesville Mo.

OCCUPATION (a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

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

NAME OF FATHER Stephen Lewis

BIRTHPLACE OF FATHER (City or town, State or foreign country) Texas

MAIDEN NAME OF MOTHER Margaret Gann

BIRTHPLACE OF MOTHER (City or town, State or foreign country) unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Fariss

(ADDRESS) Widow of Mo.

Filed March 21, 1911 REGISTRAR

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*, *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, 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*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

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.)



PLACE OF DEATH

County Pulaski
 Township Cullen
 or
 Village _____
 or
 City _____ (NO. _____ St.; _____ Ward)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

Registration District No. 713 File No. 11628
 Primary Registration District No. 5942 Registered No. 72

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

FULL NAME

Robert Wesley Lewis

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>single</u>
DATE OF BIRTH <u>December 2nd, 1886</u> (Month) (Day) (Year)		
AGE <u>24</u> yrs. <u>3</u> mos. <u>19</u> ds.		if LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Farmhand</u>		

BIRTHPLACE
(City or town,
State or foreign country)

Pulaski Co. Mo.

PARENTS

NAME OF FATHER

Stephen Lewis

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

Texas

MAIDEN NAME OF MOTHER

Margaret Gan

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

Tennessee

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Farnie
(ADDRESS) Wildwood Mo

Filed Mch. 21, 1911 W. J. Sell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Mch. 21, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mch. 19, 1911, to Mch. 21, 1911, that I last saw him alive on Mch. 21, 1911, and that death occurred, on the date stated above, at 10:30 a.m.
 The CAUSE OF DEATH* was as follows:

Tetanus

(Duration) _____ yrs. _____ mos. 6 ds.

Contributory

unknown

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

W. J. Sell

M. D.

Mch. 21, 1911 (Address) Waynesville Mo

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LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death unknown In the _____ State unknown
 of death _____ mos. _____ ds.

Where was disease contracted? Place of death
 if not at place of death?

Former or usual residence unknown

PLACE OF BURIAL OR REMOVAL

Friendship Cemetery

DATE OF BURIAL

Mch. 22, 1911

UNDERTAKER

G. W. Farnie

ADDRESS

Wildwood Mo

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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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.)