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.

PLACE OF DEATH

County Cole

Township
or
Village
or
City Jefferson City (NO. 202 ash St.: 1st Ward)

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

Registration District No. 213 File No. 20683

Primary Registration District No. 3014 Registered No. 87

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

FULL NAME Chas. F. Foedtke

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH: June (Month) 20 (Day), 1833 (Year)

AGE: 78 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): 0 0 0

BIRTHPLACE (City or town, State or foreign country): Prussia, Germany

PARENTS

NAME OF FATHER: John Foedtke

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

MAIDEN NAME OF MOTHER: Justsina Hein

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frederick W. Foedtke

(ADDRESS) Jefferson City Mo.

Filed June 11, 1911 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 17 (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from —, 191__, to —, 191__, that I last saw h— alive on —, 191__, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows: 64

Apoplexy — was dead when called or when arrived at Home.

22 A (Duration) — yrs. — mos. — ds.

Contributory (SECONDARY) —

— (Duration) — yrs. — mos. — ds.

(Signed) H. A. McDonald. M. D.

June 17, 1911 (Address) JEFFERSON CITY, 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: City Cemetery

DATE OF BURIAL: 6/19 1911

UNDERTAKER: Walther Wyman

ADDRESS: J. C. 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 r[illegible] port specifically the occupations of persons engage[illegible] domestic service for wages, as *Servant, Cook, Hou[illegible] maid,* etc. If the occupation has been changed or give[illegible] 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 wit[illegible] spect to time and causation), using always the [illegible] accepted term for the same disease. Examples: *brospinal fever* (the only definite synonym is "Ep[illegible] cerebrospinal meningitis"); *Diphtheria* (avoid [illegible] "Croup"); *Typhoid fever* (never report "T[illegible] pneumonia"); *Lobar pneumonia; Bronchopne[illegible]* ("Pneumonia," unqualified, is indefinite); *Tube[illegible] of lungs, meninges, peritonaeum,* etc., *Carcinon[illegible] 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," "Senil[illegible]" etc.), "Dropsy," "Exhaustion," "Heart failur[illegible] [illegible]mor-rhage," "Inanition," "Marasmus," "[illegible]ck," "Uraemia," "Weakness," etc. [illegible]se can be ascertained as th[illegible] [illegible] diseases resulting fr[illegible] "PUERPERAL *septic*[illegible] State cause [illegible] taken. E[illegible] [illegible]nd quali[illegible] [illegible], or as [illegible] definitely. [illegible] *by railway* [illegible] *head—homicide;* [illegible]*ly suicide.* The na-[illegible]e of skull, and conse-[illegible]s) may be stated under the [illegible] (Recommendations on state-[illegible] death approved by Committee on [illegible] of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.