

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 Bethel  
 County Bethel  
 Township Poplar Bluff or Village: \_\_\_\_\_ or City: \_\_\_\_\_ (NO. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
 Registration District No. 89 File No. 332  
 Primary Registration District No. 3007 Registered No. 2628  
 3131

FULL NAME Robert Brewster

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>	DATE OF DEATH <u>Jan</u> <u>30</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>July</u> <u>28</u> , 188 <u>4</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Jan 24</u> , 191 <u>2</u> , to <u>Jan 30</u> , 191 <u>2</u> , that I last saw him alive on <u>Jan 28</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:	
AGE <u>28</u> yrs. <u>6</u> mos. <u>2</u> ds. IF LESS than 1 day, ___ hrs. or ___ min.?			<u>Pneumonia</u> <u>107H</u> <u>106B</u> (Duration) yrs. mos. <u>8</u> ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u>			Contributory _____ (SECONDARY) _____ (Duration) yrs. mos. ds.	
BIRTHPLACE <u>Bethel Mo</u> (City or town, State or foreign country) <u>Mo</u>			Signed) <u>W. Williamson</u> M. D. <u>Jan 30</u> , 191 <u>2</u> (Address) <u>Poplar Bluff Mo</u>	
PARENTS	NAME OF FATHER <u>Brewster</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Don't Know</u>		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 _____	
	MAIDEN NAME OF MOTHER <u>Don't Know</u>		PLACE OF BURIAL OR REMOVAL <u>Poplar Bluff</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Don't Know</u>		DATE OF BURIAL <u>Jan 31</u> , 191 <u>2</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Guthrie Wilson</u> (ADDRESS) <u>Poplar Bluff Mo</u>			UNDERTAKER <u>Wm. F. I. ...</u>	
Filed <u>Jan 30</u> , 191 <u>2</u> <u>Anna Parks</u> REGISTRAR			ADDRESS <u>...</u>	

# 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, 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.)



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.

PLACE OF DEATH

County Butter  
Township Poplar Bluff  
or  
Village  
or  
City (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

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

Registration District No. 89  
Primary Registration District No. 5131

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

File No. 332  
Registered No. 26

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

FULL NAME Robert Burton

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single

DATE OF BIRTH July 28, 1884  
(Month) (Day) (Year)

AGE 28 yrs. 6 mos. 2 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

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

PARENTS  
NAME OF FATHER Burton  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.  
MAIDEN NAME OF MOTHER Sum  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE -  
(Informant) Luther Vinson

(ADDRESS) Poplar Bluff

Filed Mar. 11, 1912 Annie Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 24, 1912 to Jan 30, 1912  
that I last saw alive on Jan 28, 1912  
and that death occurred, on the date stated above, at 7:00 a.m.  
The CAUSE OF DEATH\* was as follows:

Chronic Pneumonia  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 6 ds.

Contributory Chronic Bronchitis  
(SECONDARY) (Duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) P. Williamson M. D.  
Mar 9, 1912 (Address) Poplar Bluff

\*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 Liberty DATE OF BURIAL Jan 31, 1912

UNDERTAKER Frank L & Co. ADDRESS Poplar Bluff

JAN

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

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