

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.

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

PLACE OF DEATH
County St. Louis
Township Carondelet Registration District No. 1123 File No. 37141
or Village Koch Primary Registration District No. 6248B Registered No. 456
or City Robert Koch Hospital St. _____ Ward _____
(No. _____)

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

FULL NAME Tyree Foster

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX Male	COLOR OR RACE Negro	SINGLE MARRIED WIDDED OR DIVORCED (If write the word) Married	DATE OF DEATH November 8th, 1912 (Month) (Day) (Year)	
DATE OF BIRTH May 8th, 1878 (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from Nov. 3rd, 1912 , to Nov. 8th, 1912 , that I last saw him alive on Nov. 8th, 1912 , and that death occurred, on the date stated above, at 2 A.m. The CAUSE OF DEATH* was as follows: Tuberculosis of Lungs <i>238</i> _____ (Duration) 1 yrs. 7 mos. 7 ds.	
AGE 34 yrs. 6 mos. 0 ds. If LESS than 1 day, ___ hrs. or ___ min.?				
OCCUPATION (a) Trade, profession, or particular kind of work HoM Carrier (b) General nature of industry, business, or establishment in which employed (or employer) 3-07			Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <i>M. J. Dwyer</i> M. D. Nov. 8th, 1912 (Address) Koch, Mo.	
BIRTHPLACE (City or town, State or foreign country) Tennessee				
PARENTS	NAME OF FATHER Joe Foster		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meas of Injury; and (2) whether Accidental, Suicidal, or Homicidal. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. 5 mos. 5 ds. In the 20 yrs. _____ mos. _____ ds. Where was disease contracted St. Louis If not at place of death? Former or usual residence 1522-1/2 Morgan St.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) Tennessee			
	MAIDEN NAME OF MOTHER Don't Know			
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't Know			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Hospital Record (ADDRESS) Robert Koch Hospital.				
NOV 8 - 1912 Filed _____ 191 <i>L. O. Brock</i> REGISTRAR			PLACE OF BURIAL OR REMOVAL Greenwood UNDERTAKER W. E. Gordon	
			DATE OF BURIAL Nov 11, 1912 ADDRESS 2649 Morgan	

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, 8 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*, *Sarcoma*, 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 "Ashtoria," "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 septicæmia," "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.)