

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

PLACE OF DEATH
County Harrison
Township Grant
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 341 File No. 32118
Primary Registration District No. 5477 Registered No. 8

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

FULL NAME Amanda F. Foster

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED Married WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH Oct 30, 1914
(Month) (Day) (Year)

DATE OF BIRTH Feb 2, 1836
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 2, 1914, to Oct 30, 1914, that I last saw her alive on Oct 30, 1914, and that death occurred, on the date stated above, at 8.5 m.

AGE 78 yrs. 8 mos. 28 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

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

Paralysis
Bi Plegia

BIRTHPLACE (City or town, State or foreign country) Va

Contributory Chronic Bronchitis (SECONDARY) asthma (Duration) 12 yrs. 12 mos. 0 ds.

NAME OF FATHER Benell Maxey

(Signed) H. H. Hestley M. D. (Address) Ridgeway, Mo

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

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

MAIDEN NAME OF MOTHER Martha Burgess

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) George Foster

Where was disease contracted If not at place of death? _____

(ADDRESS) Ridgeway

Former or usual residence _____

Filed Oct 30, 1914, L. H. Brewer REGISTRAR

PLACE OF BURIAL OR REMOVAL Antioch Cemetery DATE OF BURIAL Oct 31, 1914

UNDERTAKER H. M. Haas ADDRESS Ridgeway

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.

..... (name origin; "Cancer" is less definite; avoid
 fracture of skull, and consequences (e. g., *sepsis*,
tetanus) may be stated under the head of "Con-
 tributory." (Recommendations on statement of
 cause of death approved by Committee on Nomen-
 clature of the American Medical Association.)

[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 *Nona*.

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

fact may be indicated thus: *Farmer (retired, 6 yrs.)*
 For persons who have no occupation whatever,
 write *Nona*.
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:

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 im-
 portant. 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" ("Con-
 genital," "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 mis-
 carriage, 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 HOMI-
 CIDAL, 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 "Con-
 tributory." (Recommendations on statement of cause of
 death approved by Committee on Nomenclature of the
 American Medical Association.)