

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 Central  
or  
Village  
or  
City

Registration District No. 190 File No. 25970

Primary Registration District No. 6033 Registered No.  
(NO. Banker & Bredall St. Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Roy Fitzwater

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Feb 1, 1894  
(Month) (Day) (Year)

AGE 17 yrs. 5 mos. 24 ds. if LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

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

PARENTS  
NAME OF FATHER Robert Fitzwater  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Kansas  
MAIDEN NAME OF MOTHER Ella Duncan  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Robert Fitzwater  
(ADDRESS) Banker & Bredall

Filed 7-26 1911 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 23, 1911, to July 23, 1911, that I last saw him alive on July 23, 1911, and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH\* was as follows:  
Acute Bronchitis and Lung Trouble  
7  
12-11 (Duration) 4 yrs. 4 mos. — ds.

Contributory Quasies followed by Pneumonia (Duration) — yrs. — mos. — ds.  
(Signed) John Berry M. D.  
July 24, 1911 (Address) Webster Groves

\*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 Bethonia cemetery DATE OF BURIAL July 26, 1911  
UNDERTAKER Barker & Co ADDRESS Maplewood

# 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.)



RECORDED & INDEXED BY MISSOURI STATE BOARD OF HEALTH. Exact statement of OCCUPATION is very important.

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BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County St. Louis  
Township Central  
or  
Village  
or  
City

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

Registration District No. 790 File No.  
Primary Registration District No. 6023A Registered No. 78  
(NO. Rankin + Breckall Ave. Ward)

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

FULL NAME Ray Fitzwater

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OF RACE White SINGLE - MARRIED WIDOWED OR DIVORCED Single  
DATE OF BIRTH Feb. 1, 1894  
AGE 17 yrs. 5 mos. 24 ds.

DATE OF DEATH July 24, 1911  
I HEREBY CERTIFY, that I attended deceased from June 23, 1911, to July 23, 1911, that I last saw him alive on July 23, 1911, and that death occurred, on the date stated above, at 3 1/2 m.

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

CAUSE OF DEATH\* was as follows: Acute Bronchitis and Lung trouble.

BIRTHPLACE (City or town, State or foreign country) Mo. EMERY  
NAME OF FATHER Robert Fitzwater  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Kansas  
MAIDEN NAME OF MOTHER Edith Duncan  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

(Duration) 4 yrs. 4 mos. 4 ds.  
Contributory (SECONDARY) Measles followed by Pneumonia  
(Signed) M. Berry M. D.  
July 24, 1911 (Address) Wabster Grove, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Robert Fitzwater  
(ADDRESS) Rankin + Breckall Ave.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death 4 yrs. 4 mos. 4 ds. In the 4 yrs. 4 mos. 4 ds. State Mo.  
Where was disease contracted if not at place of death?  
Former or usual residence.

Filed July 25, 1911 W. Snodgrass REGISTRAR

PLACE OF BURIAL OR REMOVAL Emmanuel Cem. DATE OF BURIAL July 26, 1911  
UNDERTAKER Carter & Co. ADDRESS Maplewood

# 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.)

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