

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

PLACE OF DEATH
County Scott
Township Kelso
or Village Fruitland
or City _____ (No. _____ St. _____ Ward _____)

Registration District No. 816 File No. 40110
Primary Registration District No. 6065 Registered No. 99

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

FULL NAME Milburn Henry Vasterling

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE White SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH March 11th 1910
(Month) (Day) (Year)

AGE 1 yrs. 8 mos. 2 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Fruitland, Mo

PARENTS NAME OF FATHER Julius Vasterling BIRTHPLACE OF FATHER Cape Girardeau, Mo
MAIDEN NAME OF MOTHER J. A. Voges BIRTHPLACE OF MOTHER Cape Girardeau, Co

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant Julius Vasterling
(ADDRESS) _____

Filed Nov. 16 1911 G. A. Sample REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 12, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 1, 1911, to Nov 12, 1911, that I last saw him alive on 11/12, 1911, and that death occurred, on the date stated above, at 10 m. The CAUSE OF DEATH* was as follows:

Pneumonia

10 (Duration) 12 yrs. 12 mos. 12 ds.

Contributory (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) G. S. Gorman M. D. (Address) Fruitland, 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 1 yrs. 8 mos. 2 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 Jackson, Mo DATE OF BURIAL 11/14/11, 1911
UNDERTAKER R. Bissenden ADDRESS Fruitland, Mo

Exact statement of OCCUPATION is very important.

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*, *Composer*, *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.)

HUGH STEPHENS, JEFFERSON CITY.



MISSOURI STATE BOARD OF HEALTH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County ScottTownship Reles

or Village

or City

Registration District No. 816File No. 40110Primary Registration District No. 6065Registered No. 99

(NO. _____ St. _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Wilbur Henry Vasterling

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OF FACE W SINGLE MARRIED WIDOWED OR DIVORCED S
(Write the word)DATE OF BIRTH Nov 11 1911
(Month) (Day) (Year)AGE 1 yrs. 8 mos. 2 ds. If LESS than 1 day, ___ hrs. or ___ min.?OCCUPATION (a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) "BIRTHPLACE (City or town, State or foreign country) Pomfret, MoPARENTS NAME OF FATHER Julius Vasterling BIRTHPLACE OF FATHER Capitulardean, Mo
MAIDEN NAME OF MOTHER Anna Vages BIRTHPLACE OF MOTHER Capitulardean, MoTHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Julius Vasterling(ADDRESS) Pomfret, Mo
Filed Nov 16 1911 J. A. Sample REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 - 12 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Nov 11, 1911, to Nov 12, 1911, that I last saw him alive on 11-12, 1911, and that death occurred, on the date stated above, at 2P m.The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
(Duration) ___ yrs. ___ mos. 12 ds.Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) J. P. Cannon M. D. 11-12, 1911 (Address) Pomfret, 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 Jackson, Mo DATE OF BURIAL 11-14 1911
UNDERTAKER W. Bissenden, Pomfret, Mo ADDRESS _____Original file, date Nov 16, 1911. All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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