

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 DeKalb
Township Dallas
or
Village _____
or
City _____ (NO. _____ St.; _____ Ward.)

Registration District No. 263 File No. 33803
Primary Registration District No. 5366 Registered No. 15

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

FULL NAME Mels O. Gunderson

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)	DATE OF DEATH <u>November 11, 1910</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>March 21, 1866</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Nov 5, 1910</u> , to <u>Nov 9, 1910</u> , that I last saw him alive on <u>Nov 5, 1910</u> , and that death occurred, on the date stated above, at <u>8:45 a.m.</u>	
AGE <u>44</u> yrs. <u>7</u> mos. <u>20</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?	The CAUSE OF DEATH* was as follows: <u>Pulmonary Tuberculosis</u> <u>2.3A</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>General farming</u>			(Duration) <u>4</u> yrs. ___ mos. ___ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Missouri</u>			Contributory (Secondary) (Duration) ___ yrs. ___ mos. ___ ds.	
PARENTS	NAME OF FATHER <u>Eric Gunderson</u>		8 (Signed) _____ M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Norway</u>		_____, 191____ (Address)	
	MAIDEN NAME OF MOTHER <u>Christine Nelson</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 MOTHER (City or town, State or foreign country) <u>Norway</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. <u>5</u> mos. <u>15</u> ds. In the State ___ yrs. ___ mos. <u>15</u> ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Gustav S. Gunderson</u> (ADDRESS) <u>Mayeville Missouri</u>			Where was disease contracted if not at place of death? <u>Unknown</u> Former or usual residence <u>Kansas</u>	
Filed <u>Nov 12, 1910</u> <u>E. R. Strauf</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Norwegian Cemetery</u>	DATE OF BURIAL <u>Nov 12, 1910</u>
			UNDERTAKER <u>E. R. Strauf</u>	ADDRESS <u>Weatherly Mo</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*, *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 material worked on may form part of the statement. Never return "Laborer," "Foreman," "Dealer," etc., without more precise specification. The material at home, who are engaged in the duties of the "Manager," only (not paid *Housekeepers* who receive a definite salary, as may be entered as *Housewife*, *Housework*, or *At school* children, not gainfully employed, as *At school* Care should be taken to report specifically the duties of the persons engaged in domestic service for wages, *wife*, *Housewife*, *Cook*, *Housemaid*, etc. If the occupation changed or given up on account of the disease, state occupation at beginning of illness, that fact may be indicated. *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name of disease causing death (the primary affection, with respect to time and causation), using always the accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "cerebrospinal meningitis"); *Diphtheria* (avoid "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia*, unqualified, is indefinite); *Tuberculosis meningis*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Typhoid pneumonia*, *Tuberculosis 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 septichaemia," "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.)



DECEASED RECORD

n. should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 W. Kalb.
Township Dallas
or
Village
or
City

Registration District No. 263
Primary Registration District No. 5366

File No. 33803
Registered No. 157

FULL NAME Nels N. Gunderson (NO. _____ St. _____ Ward _____)

[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 male COLOR OF RACE white SINGLE MARRIED WIDOWED OR DIVORCED single

DATE OF DEATH November 11, 1910
(Month) (Day) (Year)

DATE OF BIRTH March 21, 1866
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 3, 1910 to Nov. 9, 1910, that I last saw him alive on Nov 5, 1910, and that death occurred, on the date stated above, at 8:30 a.m.

AGE 44 yrs. 1 mos. 20 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

OCCUPATION (a) Trade, profession, or particular kind of work Farmer, retired 4 yrs
(b) General nature of industry, business, or establishment in which employed (or employed by) General farming

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

(Duration) 4 yrs. ___ mos. ___ ds.

NAME OF FATHER Mrs Gunderson

Contributory (SECONDARY) _____ (Duration) 4 yrs. ___ mos. ___ ds.

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

(Signed) E. R. Straup M. D. Nov 12, 1910 (Address) Heatherby, Mo.

MAIDEN NAME OF MOTHER Christina Nilson

*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 MOTHER (City or town, State or foreign country) Norway

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Gustav Gunderson (ADDRESS) Mayville, Missouri

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 _____

Filed Nov 12, 1910 by E. R. Straup REGISTRAR

PLACE OF BURIAL OR REMOVAL Norwegian Cemetery DATE OF BURIAL Nov. 12, 1910
UNDERTAKER E. C. DeHart ADDRESS Heatherby, Mo.

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]

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*, *peritonaeum*, 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.)