

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

PLACE OF DEATH

County Clark
Township Lincoln
or
Village Medill Mo.
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 190 File No. 5705
Primary Registration District No. 5264 Registered No. 18

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

FULL NAME Christian Kurty

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Divorced</u> (Write the word)
DATE OF BIRTH <u>Feb. 13, 1845</u> (Month) (Day) (Year)		AGE <u>66</u> yrs. <u>0</u> mos. <u>8</u> ds. If LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farming</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Retired</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Bravira Germany</u>		
PARENTS	NAME OF FATHER <u>Christian Kurty</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Bravira Germany</u>	
	MAIDEN NAME OF MOTHER <u>Mary Parnon</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Bravira Germany</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 21, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 20, 1911, to Feb 20, 1911, that I last saw h alive on Feb 20, 1911, and that death occurred, on the date stated above, at 2:50 m.

The CAUSE OF DEATH* was as follows:

Asphyxy
82A

Contributory (SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Arthur M. D.
Feb. 21, 1911 (Address) Kahoka 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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Kurty
(ADDRESS) Chains Bend

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____ 1911

Filed Feb 21, 1911 W. B. Sisson REGISTRAR

UNDERTAKER F. Hoar ADDRESS Kahoka Mo.

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.

DEPARTMENT RECORD

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.)



PHYSICIANS should state EXACTLY, and in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County Clark
 Township Lincoln
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 Registration District No. 190

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
 File No. 5705
 Registered No. _____

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

FULL NAME Christian Stuntz

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED divorced
(Write the word)

DATE OF BIRTH Feb. 13 1845
(Month) (Day) (Year)

AGE 66 yrs. 0 mos. 8 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

DATE OF DEATH Feb. 21, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 20, 1911, to Feb 20, 1911, that I last saw live on Feb. 20, 1911, and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:
apoplexy

BIRTHPLACE (City or town, State or foreign country) Bravira Germany

PARENTS
 NAME OF FATHER Christian Stuntz
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Bravira Germany
 MAIDEN NAME OF MOTHER Brady Parmon
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Bravira Germany

(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) Chas. J. Lee M. D.
Feb 21, 1911 (Address) Kahoka 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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) John Stuntz
 (ADDRESS) Plains, Kans

Filed Feb 20 1911 N. B. Sisson REGISTRAR

Where was disease contracted if not at place of death?
 Former usual residence _____

PLACE OF BURIAL OR REMOVAL Funeral Home, Kahoka Mo.
 DATE OF BURIAL Feb 23, 1911

UNDERTAKER F. J. Karle ADDRESS Kahoka Mo.

All information called for must be written on this Supplementary Certificate.

