

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

PLACE OF DEATH

County Jackson

Township _____

or Village _____

or City Kansas City (NO. 3020 Campbell)

Registration District No. 399

File No. 17697

Primary Registration District No. 1002

Registered No. 1581

St.: _____ Ward _____

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

FULL NAME David Perry Hunter

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M. COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

DATE OF DEATH April 30, 1911
(Month) (Day) (Year)

DATE OF BIRTH Jan 13, 1850
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1911 to _____, 1911,

AGE 61 yrs. 3 mos. 17 ds. If LESS than 1 day, ____ hrs. or ____ min.?

that I last saw h Dr. Coroner, 1911,

and that death occurred, on the date stated above, at 230 P.M.

OCCUPATION (a) Trade, profession, or particular kind of work Insurance
(b) General nature of industry, business, or establishment in which employed (or employer) H-O-I

The CAUSE OF DEATH* was as follows:
Suicide by shooting
thro heart.
169 15

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

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

PARENTS NAME OF FATHER David Hunter
BIRTHPLACE OF FATHER (City or town, State or foreign country) Va.
MAIDEN NAME OF MOTHER Thompson
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky

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

(Signed) Harry Gardner M. D.
5/2/11 (Address) Campbell St

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) Mrs. S. P. Hunter

At place of death 2 yrs. ____ mos. ____ ds. In the State 61 yrs. ____ mos. ____ ds.

(ADDRESS) 3020 Campbell St.

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

Former or usual residence _____

Filed May 22 1911 W. S. Wheeler REGISTRAR

PLACE OF BURIAL OR REMOVAL Calumwood DATE OF BURIAL May 3, 1911

UNDERTAKER E. Stines, Lou Muddle ADDRESS 408 E. 9th St
W.G. Stines

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.

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.)



PLACE OF DEATH

County Jackson

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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Township _____

Registration District No. 399File No. 17697

Village _____

Primary Registration District No. 1002Registered No. 1586City Kansas City (No. 3020 Campbell St. _____ Ward _____)

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

FULL NAME

David Perry Hunter

PERSONAL AND STATISTICAL PARTICULARS

SEX Mr. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)DATE OF BIRTH Jan. 30, 1850
(Month) (Day) (Year)AGE 61 yrs. 3 mos. 17 ds. If LESS than 1 day, hrs. or min.OCCUPATION
(a) Trade, profession, or particular kind of work Insurance
(b) General nature of industry, business, or establishment in which employed (or employer) _____BIRTHPLACE
(City or town, State or foreign country) Mo.PARENTS
NAME OF FATHER David Hunter
BIRTHPLACE OF FATHER (City or town, State or foreign country) Va.
MAIDEN NAME OF MOTHER Wendy Thompson
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky.THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs D. P. Hunter
(ADDRESS) 3020 Campbell St.Filed May 2, 1911 by H. S. Wheeler
REGISTRAROriginal file, date May 2, 1911

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from _____, 191____, to As Coroner 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.The CAUSE OF DEATH* was as follows:
Suicide by shooting thro. heart.Contributory _____
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.(Signed) Harry Charlinsky M. D.
5/2/1911 (Address) Corn'l Bldg

*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 2 yrs. _____ mos. _____ ds. In the State 61 yrs. _____ mos. _____ ds.Where was disease contracted
If not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Elmwood DATE OF BURIAL May 3, 1911UNDERTAKER E. Stone & Son, Und. Co. ADDRESS 408 E. 9th St.
W. J. Stone

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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