

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

PLACE OF DEATH

County Jackson  
Township New  
or  
Village  
or  
City Hannover City Mo. No. 2822 Cherry St.: \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 399 File No. 17815  
Primary Registration District No. 1002 Registered No. 1710

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

FULL NAME Earl Madison Hunter

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

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

DATE OF BIRTH Oct 19, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 11, 1911, to May 12, 1911, that I last saw him alive on May 12, 1911, and that death occurred, on the date stated above, at 11 a.m.

AGE 6 yrs. 23 mos. 23 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Bronchial asthma  
and bronchitis

OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_ (b) General nature of industry, business, or establishment in which employed (or employer) 0

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

Contributory Aspects condition  
(SECONDARY) (Duration) yrs. 3 mos. 12 ds.

PARENTS NAME OF FATHER Emmett W. Hunter BIRTHPLACE OF FATHER (City or town, State or foreign country) Missouri MAIDEN NAME OF MOTHER Hollinger BIRTHPLACE OF MOTHER (City or town, State or foreign country) Geo

(Signed) A. Still Craig, D.O. M.D. May 12, 1911 (Address) 3039. First Ave  
\*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 (Informant) Emmett W. Hunter (ADDRESS) 2822 Cherry

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 2822 Cherry

Filed MAY 13 1911 W. J. Wheeler REGISTRAR

PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL May 14 1911 UMBERTAKER Geno Davidson & Co ADDRESS 1003 First 12

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*, *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.)



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

PLACE OF DEATH

County Jackson  
 Township Kaw  
 or  
 Village  
 or  
 City Kansas City Mo. (No. 2822 Cherry)

Registration District No. 399 File No. 17875  
 Primary Registration District No. 1002 Registered No. 1710  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Earl Madison Hunter

PERSONAL AND STATISTICAL PARTICULARS

|   |   |  |
|---|---|--|
| SEX<br><u>male</u>  | COLOR OR RACE<br><u>white</u>   | SINGLE<br>MARRIED<br>WIDOWED<br>OR DIVORCED<br>(Write the word)<br><u>single</u> |
| DATE OF BIRTH<br><u>Oct. 19</u> , 19 <u>10</u><br>(Month) (Day) (Year)  |   |  |
| AGE<br><u>6</u> yrs. <u>23</u> mos. <u>3</u> ds.  |   | IF LESS than<br>1 day, ___ hrs.<br>or ___ min.                                   |
| OCCUPATION<br>(a) Trade, profession, or particular kind of work _____<br>(b) General nature of industry, business, or establishment in which employed (or employer) _____ |   |  |
| BIRTHPLACE<br>(City or town, State or foreign country)<br><u>Missouri</u>   |   |  |
| PARENTS   | NAME OF FATHER<br><u>Emmett Hunter</u>  |  |
|   | BIRTHPLACE OF FATHER<br>(City or town, State or foreign country)<br><u>Missouri</u> |  |
|   | MAIDEN NAME OF MOTHER<br><u>Elizabeth Gillespie</u>                                 |  |
|   | BIRTHPLACE OF MOTHER<br>(City or town, State or foreign country)<br><u>Geo.</u>     |  |

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from May 11, 1911, to May 12, 1911, that I last saw him alive on \_\_\_\_\_, 1911, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH\* was as follows:  
Bronchial asthma and bronchitis

(Duration) \_\_\_\_\_ yrs. 3 mos. \_\_\_\_\_ ds.

Contributory acute condition  
 (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

(Signed) A. Still Craig D.O. M. D.  
May 13, 1911 (Address) 3039 Forest Ave.

\*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 2822 Cherry

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Emmett Hunter  
 (ADDRESS) 2822 Cherry

PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL May 14, 1911  
 UNDERTAKER Carroll Davidson Und. Co ADDRESS \_\_\_\_\_

Filed July 6, 1911 by H. S. Wheeler REGISTRAR

# 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.)