

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 Marion

Township _____
or

Village _____
or

City Hannibal

Registration District No. 547

File No. 28852

Primary Registration District No. 3079

Registered No. 206

(NO. 305 Chestnut St.; 6 Ward)

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

FULL NAME George N. Nunstock

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed
(If write the word)

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

DATE OF BIRTH May 29, 1825
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 27, 1911, to July 30, 1911, that I last saw him alive on July 30, 1911,

AGE 84 yrs. 2 mos. 1 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

and that death occurred, on the date stated above, at 12:45 P.M.

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

The CAUSE OF DEATH* was as follows:

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

Chronic Bronchitis
13 1/2
90 (Duration) yrs. mos. ds.

NAME OF FATHER John Nunstock

Contributory Dysentery
(SECONDARY) (Duration) yrs. mos. ds. 4

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

(Signed) Richard Schmitt M. D.
7-31 1911 (Address) Hannibal Mo

MAIDEN NAME OF MOTHER Unknown

*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) Germany

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

(Informant) Miss Francis Nunstock

Where was disease contracted If not at place of death?

(ADDRESS) Hannibal Mo

Former or usual residence

Filed Aug 2, 1911 W H Yause REGISTRAR

PLACE OF BURIAL OR REMOVAL River Side DATE OF BURIAL Aug 2, 1911

UNDERTAKER Smith & Spalding ADDRESS Hannibal

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) *Salcman*, (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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Marion

Township _____
or
Village Hannibal
or
City _____

Registration District No. 347
Primary Registration District No. 3029
NO. 305 Chestnut

File No. _____
Registered No. 206
St. 6 Ward _____

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

FULL NAME Geo. H. Hunstock

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH May 29, 1875
(Month) (Day) (Year)

AGE 86 yrs 2 mos 1 ds. If LESS than 1 day, hrs _____

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

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

NAME OF FATHER John Hunstock

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

MAIDEN NAME OF MOTHER Stitzman

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Francis Hunstock

(ADDRESS) Hannibal Mo.

Filed Aug 7, 1911 M. W. Young REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7-30, 1911
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from 7-27, 1911, to 7-30, 1911,

that I last saw him alive on 7-30, 1911, and that death occurred, on the date stated above, at 12:15 P.M.

The CAUSE OF DEATH* was as follows:
Chronic Bronchitis

(Duration) yrs. mos. ds.

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

(Signed) Richard Schmidt, M.D.
7-31, 1911 (Address) Hannibal, 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 River Side DATE OF BURIAL Aug 2, 1911

UNDERTAKER Smith & Spalding ADDRESS Hannibal

Revised United States Standard Certificate of Death

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

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