PLACE_OF DEATH	√.	MISSOURI STATE BOARD OF HEAL			
(Day)		BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
Township Wassing	- 	1-2 50 9 3			
Village	Primary Registration	District No. 5 7 Registered No. 20			
FULL NAME ON	d Leon	e Dungham of street and cumb			
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
	IED X Y / /	DATE OF DEATH OL. (Month) (Day) (1)			
DATE OF BIRTH Que	(Day), 1.0 (Year)	I HEREBY CERTIFY, that I attended deceased			
AGE	If LESS than I day,—hrs. or—min.?	and that death occurred, on the date stated above, at // The CAUSE OF DEATH* was as follows:			
OCCUPATION (a) Trade, profession, or particular kind of work		10 Aphluria			
(b) General nature of industry, business, or establishment in which employed (or employer)	<i>(</i> 5)				
BIRTHPLACE (City or town. State or foreign country)	mybu	(Duration) yrs. mos.			
NAME OF FATHER WANTEN	makan	(SECONDARY) (Duration) - yrs mos. (Sigged) - Aidney Me Tailary)			
OF FATHER (City or town, State or foreign country)	100. 1	delig 1911 (Address) June MM			
MAIDEN NAME OF MOTHER		*State the Disease Causing Death, or, in deaths from Violent Causes, (1) Heans of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
BIRTHPLACE OF MOTHER		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos.			
(City or town, State or foreign country)					
THE ABOVE IS TRUE TO THE BEST OF MY	KNOWLEDGE.	Where was disease contracted if not at place of death?			
!	KNOWLEDGE.	Where was disease contracted if not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE-OF BURIAL			
THE ABOVE IS TRUE TO THE BEST OF MY	KNOWLEDGE.	Where was disease contracted if not at place of death? Former or usual residence.			

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 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.)



FULL NAME PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARIED MARRIED MARR	PLACE OF DEATH	DECIGED AND	MISSOURI STATE BOARD OF HEALTH				
Township Wather Registration District No. 27 File Nq. 4/002 Williage Primary Registration District No. 37 File Nq. 4/002 Other St. Ward District No. 37 File Nq. 4/002 FULL NAME Ly Laboratory Registration District No. 37 File Nq. 4/002 FULL NAME Ly Laboratory Registration District No. 37 File Nq. 4/002 FULL NAME Ly Laboratory Registration District No. 37 File Nq. 4/002 FERSONAL AND STATISTICAL PARTICULARS McCountry Registration District No. 4/002 BEX COLOG OR RADE SMACE Mannetory On ENVOICED ON ENVOICE	County Dent	UNTIL THEY ADD	ONDITION TO				
OCCUPATION (A) The CAUSE OF DEATH Ward) PERSONAL AND STATISTICAL PARTICULARS BEX COLOG OR RACE Width word) DATE OF BIRTH AGE COCUPATION (A) The CAUSE OF DEATH The CAUSE OF DEATH Was as follows: DATE OF DEATH COCUPATION (A) Track profession, or particular find of words or min. The CAUSE OF DEATH Was as follows: DESTRIPTIONAL MINER OF PATHER OF MOTHER ALL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH DATE OF BIRTH DATE OF BIRTH DATE OF BIRTH COCUPATION (A) Track profession, or particular find that death occurred, on the date stated above, at // 30 V/ or min. The CAUSE OF DEATH was as follows: CONTRIBUTION SIRTHPLACE OF MOTHER ALL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH AND COMPANIES OF DEATH The CAUSE OF DEATH COCUPATION (S) Track profession, or particular find that death occurred, on the date stated above, at // 30 V/ or min. The CAUSE OF DEATH was as follows: CONTRIBUTORY SIRTHPLACE OF MOTHER ALL AND AL	Wathing	. WEDOWIDED DI DI	0	11			
OCCUPATION (A) THE ABOVE OF MAKED AND STATISTICAL PARTICULARS DATE OF BIRTH AGE OCCUPATION (A) THE ABOVE OF MAKED (B) THE ABOVE OF MAKED (A) THE ABOVE OF MAKED (B) THE ABOVE OF MAKED (A) THE ABOVE OF MY KNOWLEDGE (A) THE ABOVE OF THE BEST OF MY KNOWLEDGE (A) THE ABOVE OF THE BEST OF MY KNOWLEDGE (A) THE ABOVE OF SURIAL OF REMOVAL (A) DATE OF BURIAL OF REMOVAL (B) GABRESS (C) THE ABOVE OF MY KNOWLEDGE (C) THE ABOVE OF THE BEST OF MY KNOWLEDGE (C) THE ABOVE OF SURIAL OF REMOVAL (A) DATE OF BURIAL OF REMOVAL (B) GABRESS (C) THE ABOVE OF MY KNOWLEDGE (C) THE ABOVE OF THE BEST OF MY KNOWLEDGE (C) THE ABOVE OF SURIAL OF REMOVAL (C)		Registration Distr	let No	File No.	41002		
FULL NAME FULL NAME PERSONAL AND STATISTICAL PARTICULARS BEX OOLOB OR RACE WHOWED ONLY ONLY ONLY ONLY ONLY ONLY OOLOB OR RACE ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY OOLOB OR RACE ONLY		Primary Registrat	ion District No. Ju	Fogistered No	20		
FULL NAME PERSONAL AND STATISTICAL PARTICULARS SEX COLOR OR RACE WEDICAL CERTIFICATE OP DEATH DATE OF DEATH WEDICAL CERTIFY, that Lattended deceased from the state of t	·	(NO	, ,		Lif death occurred in a		
DATE OF DEATH MALL While MALL While MARRIED WHOOVED OR DEVONDER (Masch) (Day) (Masch) (Masch) (Masch) (Masch) (Day) (Masch) (Masch) (Masch) (Day) (Masch) (Masch) (Masch) (Day) (Masch) (Day) (Masch) (Masch) (Masch) (Day) (Masch) (Day) (Masch) (Masch) (Day) (Masch) (Day) (Masch) (Day) (Masch) (Day) (Masch) (Masch) (Day) (Masch) (Masch) (Masch) (Day) (Masch) (Day) (Masch) (Mas	FULL NAME CLYD	e Leorne	Bins	ham	hospital or institution, give its NAME instead of street and number]		
MALE MARKED			ME	DICAL CERTIFICATE OF	DEATH		
DATE OF BIRTH AGE (Menth) (Day) (Year) (Year) (Year) (Year) (Year) (Age) (ILESS than I day, hrs. and that death occurred, on the date stated above, at //30// or min. (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (Gry or lown, State or foreign country) NAME (Gry or lown, State or foreign country) (Gry or lown, State or foreign country) (Signed) (Signed) (Signed) (Signed) (Affress) (Signed) (Signed) (Affress) (Signed) (Signed) (Signed) (Affress) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Affress) (Signed) (Male Wido OR DI	WED WORCED WORLD	DATE OF DEATH	Jalie.	9 , 191 /		
AGE If LESS than last saw h Malive on Alc. 2 ,191 AGE If LESS than last saw h Malive on Alc. 2 ,191 AGE If LESS than last saw h Malive on Alc. 2 ,191 Iday. hrs. and that death occurred, on the date stated above, at //36/ or min. The CAUSE OF DEATH* was, as follows: OCCUPATION (a) Trade, profession. or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) BIRTHPLACE (City or town, State of foreign country) MAME OF FATHER OF FATHER OF MOTHER AGAIN AND AGAIN HOW INTEREST CAUSE, State of foreign country MAIDEN NAME OF MOTHER AGAIN AND AGAIN HOW INTEREST CAUSE, State of foreign country) MAIDEN NAME OF MOTHER AGAIN AND AGAIN HOW INTEREST CAUSE, State of foreign country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (ADDRESS) ADDRESS INTERIORETS AGAINST TRUITIONS, TAMSIENTS, or usual residence. PLOSE OF BURIAL OR REMOVAL UNDERTAKER ADDRESS ADDRESS ADDRESS		the word)					
AGE ITLEES than Iday	Wec.	1/ ,910	A Vary 2	BI CERTIFY, that I	ettended deceased from		
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (City or town, State or foreign country) BIRTHPLACE OF MOTHER (City or town, State or foreign country) MAIDEN NAME OF MOTHER (City or town, State or foreign country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (ADDRESS)		(Day) (Year)	1200	1917, to	, 191 /		
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (City or town, State or foreign country) MADEN NAME OF MOTHER BIRTHPLACE OF MOTHER OF MOTHER City or town, State or foreign country) MADIEN NAME OF MOTHER OF MOTHER (City or town, State or foreign country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (ADDRESS) (ADDRESS) (ADDRESS) CONTRIBUTORY (Signed 1 - Sudacy M Javasta M M. In Causes, state of death? State the Disease Causing Death, or, in deaths from Vibrat Causes, state of death? RECENT RESIDENTS RECENT RESIDENTS In the of death? Former or usual residence PLACE OF BURIAL OR REMOVAL (Informant) UNDERTAKER ADDRESS	Age		4' //		, 191 / // 74 //		
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (City or town, State or foreign country) MAIDEN NAME OF FATHER MAIDEN NAME OF MOTHER (City or town, State or foreign country) MAIDEN NAME OF GORDON (City or town, State or foreign country) MAIDEN NAME OF WIND (City or town, State or foreign country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (ADDRESS) (ADDRESS) MAIDEN NAME OF WING State or foreign country) MO. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (ADDRESS) (ADDRESS) (ADDRESS) (ADDRESS) (Informant) (Informa	yrs				tou above, at // m		
(Signed - Sidners) BIRTHPLAGE OF FATHER OF FATHER OF MOTHER OF MOTHER OF MOTHER (City or town, State or foreign country) MAIDEN NAME OF MOTHER (City or town, State or foreign country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (ADDRESS) (ADDRESS) (ADDRESS) (ADDRESS) (ADDRESS) (Duration) (Ouration) (Address)	OCCUPATION		The CAUSE OF	EATH was as follows:	•		
BIRTHPLACE (City or town, State or foreign country) BIRTHPLACE (City or town, State or foreign country) BIRTHPLACE OF FATHER City or town, State or foreign country MAIDEN NAME OF OF MOTHER BIRTHPLACE OF MOTHER OF MOTHER City or town, State or foreign country MAIDEN NAME OF OF MOTHER City or town, State or foreign country M. I Dec. 2 191 (Affress) Quantity M. I Dec. 2 191 (Affress) Quantity State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Exam of indury, and (2) whether Accidental, Suicidal, or Homicidal. LEGENT OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or of eath yrs mos ds. State yrs mos. ds. State yrs mos. ds. State or foreign country (Informant) (ADDRESS) Filed Quantity Filed Quantity When was disease contracted if not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SUMPRITAKER ADDRESS	PRPEICUIAL KING OF WORK		<u>^\</u>	mounteres.			
BIRTHPLACE (City or town, State or foreign country) BIRTHPLACE OF FATHER BIRTHPLACE OF FATHER City or town, State or foreign country BIRTHPLACE OF MOTHER BIRTHPLACE OF MOTHER City or town, State or foreign country BIRTHPLACE OF MOTHER City or town, State or foreign country MAIDEN NAME OF MOTHER City or town, State or foreign country) M. BIRTHPLACE OF MOTHER City or town, State or foreign country) M. BIRTHPLACE OF MOTHER City or town, State or foreign country) M. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) CADDRESS) LINE STATE TO THE BEST OF MY KNOWLEDGE (Informant) CADDRESS) LINE STATE TO THE BEST OF MY KNOWLEDGE Where was disease contracted if where was disease contracted	business, or establishment in	· MIL.					
Contributory NAME OF FATHER BIRTHPLAGE OF FATHER (Gity or town, State or foreign counity) MAIDEN NAME OF MOTHER BIRTHPLAGE OF MOTHER BIRTHPLAGE OF MOTHER City or town, State or foreign counity) MAIDEN NAME OF MOTHER City or town, State or foreign counity) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (ADDRESS) (ADDRESS) (ADDRESS) (Duration) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Adfress) (Adfress) (Adfress) (Adfress) (Adfress) (Signed)							
BIRTHPLACE OF MOTHER OF MOTHER (Gity or town, State or foreign counity) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (ADDRESS) (ADDRESS) (Signed Sidney) (Address)	(City or town.	and the		(Duration)yrs.			
OF FATHER (City or town, State or foreign counity) MAIDEN NAME OF MOTHER OF MOTHER BIRTHPLACE OF MOTHER (City or town, State or foreign counity) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (ADDRESS)		Bingham		(Duration)yrs			
(Informant) (ADDRESS)	BIRTHPLAGE OF FATHER (City or town, State or foreign country)	mo.	10 2	drey Me Ja	oland M.D.		
OF MOTHER (City or town, State or foreign country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (ADDRESS) (ADDRESS) Where was disease contracted if not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL UNDERTAKER UNDERTAKER UNDERTAKER ADDRESS	MAIDEN NAME OF MOTHER PAUL SO	abel Harris	*State the Disease (1) Means of Injury: and	Causing Death, Or, in deaths (2) whether Accidental, Suicida	I, er Homicidal.		
Where was disease contracted if not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Filed Dic 2 1919 Divis Schmitt UNDERTAKER UNDERTAKER ADDRESS	OF MOTHER	mo.	At place	In the			
(ADDRESS) Conett Mo. Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CONETT CEMERAL DE 3. 191/ UNDERTAKER UNDERTAKER ADDRESS	THE ABOVE IS TRUE TO THE BEST OF MY	KNOWLEDGE	Where was disease o	ontracted	yrsds.		
Filed Dic, 2 x 1919 Phos Saturt X UNDERTAKER DIC, 2 ADDRESS	(Informant) Jewy	Harris	Former or	eath?			
Filed Dic 2 x 1919 Drus & Drug X UNDERTAKER 1 ADDRESS	(ADDRESS) ant	mo.		OR REMOVAL	(()		
REGISTRAR Thomas Bugham Unit Mu	Filed Dic 2 1 1912 Phus	Estrut X	UNDERTAKER	Cemetery 1	101		
		/ REGISTRAR	thomas	Bugham 6	mutt mo		
Original file, date	Original file, date	o 🗙 All informatio	n called for must b	writted on this Sanat	amonto en Cartillanta		

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 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.)