

PLACE OF DEATH

County Jackson
 Township Independence
 or
 Village
 or
 City Independence (NO. _____) St.: _____ Ward)

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

Registration District No. 398
 Primary Registration District No. 3019

File No. 26178
 Registered No. 173 172

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

FULL NAME Henry S Dungan

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Feb 17, 1847
(Month) (Day) (Year)

AGE 65 yrs. 0 mos. 0 ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Contractor 92A
 (b) General nature of industry, business, or establishment in which employed (or employer) 1-14 92A

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

NAME OF FATHER Charles B Dungan

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

MAIDEN NAME OF MOTHER Ornitie Harbert

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A. A. Dod

(ADDRESS) 920 S. Main Independence Mo.

Filed Aug 5 1912 C. E. Kimminger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5th 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 11th, 1912, to Aug 5th, 1912, that I last saw him alive on 8-5-, 1912, and that death occurred, on the date stated above, at 6:30 pm.

The CAUSE OF DEATH* was as follows:
Contributory Paralysis

(Duration) 9 yrs. 6 mos. 0 ds.

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

(Signed) Missie L. Dod M. D. Aug 5th 1912 (Address) West Seminary

*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. 6 mos. 18 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 West Washington DATE OF BURIAL Aug 6 1912

UNDERTAKER H. J. Ott & Co. Independence Mo. ADDRESS _____

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.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

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*, *Sarcoma*, 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.)

MISSOURI STATE BOARD OF HEALTH

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 Jackson
Township _____
or
Village _____
or
City Independence

Registration District No. 398 File No. 26178
Primary Registration District No. 3019 Registered No. 173
St. _____ Ward _____

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

FULL NAME Henry S. Dungan

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Aug. 5 1912
(Month) (Day) (Year)

DATE OF BIRTH Feb. 17 1847
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw him alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

AGE 65 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.

The CAUSE OF DEATH* was as follows:

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

Cerebral haemorrhage

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

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

NAME OF FATHER Chas. B. Dungan

Contributory paralytic
(SECONDARY)

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

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

MAIDEN NAME OF MOTHER Emogene Herbert

(Signed) Maggie L. McCall M. D.

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

Aug. 5, 1912 (Address) 1111 Sanitarium

*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) A. A. Dlad

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

(ADDRESS) 920 S. Main Indep. Mo.

Where was disease contracted If not at place of death?

Filed Nov. 1 1912 E. Kimminger REGISTRAR

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Mt. Washington DATE OF BURIAL Aug. 6 1912

UNDERTAKER H. G. Ott & Co. ADDRESS Indep. Mo.

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