

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.

## PLACE OF DEATH

County Bureau

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Crowsville (NO. \_\_\_\_\_)Registration District No. 306Primary Registration District No. 4184MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 29279Registered No. 25

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

FULL NAME Harry Edgar Dunker

## PERSONAL AND STATISTICAL PARTICULARS

SEX

Boy

COLOR OR RACE

WhiteSINGLE,  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)Single

DATE OF BIRTH

June 6, 1911  
(Month) (Day) (Year)

AGE

1 yrs. 3 mos. 6 ds.  
If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

—

BIRTHPLACE

(City or town, State or foreign country)

Bland Mo.

PARENTS

NAME OF FATHER

Louis J. Dunker

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Craig co Mo.

MAIDEN NAME OF MOTHER

Allie Painter

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Craig co Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis J. Dunker(ADDRESS) Crowsville

Filed

9/13

1912

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Sept 13, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

Sept 5, 1912, to Sept 13, 1912,that I last saw him alive on Sept 12, 1912,and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH\* was as follows:

Diphtheria

Contributory

(SECONDARY)

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

(Signed) Edgar Trullies

M. D.

Sept 13, 1912 (Address) Crowsville 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

Bland, Mo

PLACE OF BURIAL OR REMOVAL

Christian cemetery Bland Mo.

DATE OF BURIAL

September 13, 1912

UNDERTAKER

ADDRESS

# 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.)



CAUSE OF DEATH IN BIRTH RECORDS, so that it may be properly classified. Exact statement of OCCUPATION.

PLACE OF DEATH

County Gasconade

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

CERTIFICATE OF DEATH

Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Owensville

Registration District No. 305  
Primary Registration District No. 4184

File No. 29279  
Registered No. 25

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

FULL NAME Harry Edgar Hunken

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy COLOR OR RACE white SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH June 6, 1911 (Month) (Day) (Year)

AGE 1 yrs. 3 mos. 6 ds. IF LESS than 1 day, hrs. or mins.

OCCUPATION (a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer)

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

PARENTS  
NAME OF FATHER Louis J. Hunken  
BIRTHPLACE OF FATHER Owensville Co. Mo.  
MAIDEN NAME OF MOTHER Olga Pointer  
BIRTHPLACE OF MOTHER Owensville Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Louis J. Hunken  
(ADDRESS) Owensville

Filed Oct 2 1912 H. Ferrell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 13, 1912 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 5, 1912 to Sept. 13, 1912, that I last saw him alive on Sept. 12, 1912, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH\* was as follows;  
phlephtheria  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) Edw. Mellies M. D.  
Sept. 13, 1912 (Address) Owensville 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 Christian Church Bland DATE OF BURIAL Sept. 13, 1912  
UNDERTAKER Herman Koch ADDRESS Owensville, Mo.

# Revised United States Standard Certificate of Death

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

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*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.)