

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County <u>Gasconade</u>			Registration District No. <u>306</u>	File No. <u>32608</u>	
Township _____ or Village _____			Primary Registration District No. <u>4784</u>	Registered No. <u>24</u>	
City <u>Owensville</u> (NO. _____) (St. _____) (Ward _____)			(If death occurred in a hospital or institution, give its NAME instead of street and number)		
FULL NAME <u>Tena Inaphine Dunker</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Girl</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)	DATE OF DEATH <u>Sept 12</u> (Day), <u>1912</u> (Year)		
DATE OF BIRTH <u>June 1</u> (Month), <u>1908</u> (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Sept 6</u> , 1912, to <u>Sept 12</u> , 1912, that I last saw her alive on <u>Sept 12</u> , 1912, and that death occurred, on the date stated above, at <u>8:40 p.m.</u>		
AGE <u>4</u> yrs. <u>2</u> mos. <u>12</u> ds.			The CAUSE OF DEATH* was as follows: <u>Diphtheria</u>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u>			(Duration) _____ yrs. _____ mos. _____ ds.		
BIRTHPLACE (City or town, State or foreign country) <u>Bland Mo.</u>			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.		
PARENTS	NAME OF FATHER <u>Louis J. Dunker</u>		(Signed) <u>Dr. Edw. Mellis</u> M. D.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Osage Co. Mo.</u>		<u>Sept 13, 1912</u> (Address) <u>Owensville, Mo.</u>		
	MAIDEN NAME OF MOTHER <u>Ollie Pointer</u>		*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) <u>Osage Co. Mo.</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <u>Louis J. Duncan</u>			Where was disease contracted if not at place of death? <u>Bland, Mo.</u>		
(ADDRESS) <u>Owensville</u>			Former or usual residence _____		
Filed <u>Oct. 2</u> , 1912, <u>J. J. Ferrell</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Osage county Bland</u>		DATE OF BURIAL <u>Sept 13</u> , 1912
			UNDERTAKER <u>W. C.</u>		ADDRESS <u>W. C.</u>

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 RE-BUREAU OF VITAL STATISTICS
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.

CERTIFICATE OF DEATH

PLACE OF DEATH
County Gasconade
Township _____
or
Village Owensville
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 305 File No. 322608
Primary Registration District No. 4784 Registered No. 24

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

FULL NAME Tena Josephine Hunker

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>single</u>
DATE OF BIRTH <u>June 7, 1908</u> (Month) (Day) (Year)		
AGE <u>4 yrs. 3 mos. 12 ds.</u>		IF LESS than 1 day, ____ hrs or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Sept. 12, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 6, 1912, to Sept. 12, 1912, that I last saw her alive on Sept. 12, 1912, and that death occurred, on the date stated above, at 8:40 p.m.

The CAUSE OF DEATH* was as follows:
Diphtheria

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

PARENTS	NAME OF FATHER <u>Louis J. Hunker</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Owensville Mo.</u>
	MAIDEN NAME OF MOTHER <u>Alta Pointer</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Owensville Mo.</u>

(Duration) ____ yrs. ____ mos. ____ ds.

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

(Signed) Dr. 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 _____

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

Filed Oct. 2, 1912 J. J. Ferrell REGISTRAR

PLACE OF BURIAL OR REMOVAL
Christian Cem. Bland

DATE OF BURIAL
Sept. 13 1912

UNDERTAKER
Herman Koch

ADDRESS
Owensville Mo.

Original file, date OCT - 19 All information called for must be written on this Supplementary Certificate.

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