

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

PLACE OF DEATH  
County Webster  
Township W. 4th  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 898  
Primary Registration District No. 6204

File No. 35171  
Registered No. 29

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

FULL NAME Johnson Hunham

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH

Oct 12, 1899  
(Month) (Day) (Year)

AGE

73 yrs. 5 mos. 28 ds. IF LESS than  
1 day, \_\_\_ hrs.  
or \_\_\_ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work Farmers  
(b) General nature of industry, business, or establishment in which employed (or employer) 1-02

BIRTHPLACE

(City or town, State or foreign country) Kans. Ill

NAME OF FATHER

David Hunham

BIRTHPLACE OF FATHER

(City or town, State or foreign country) not known

MAIDEN NAME OF MOTHER

Eliza Sumner

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. Sumner

(ADDRESS) Coppyville, Kansas

Filed Oct-11, 1912, W. J. Rabreau

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Oct 10, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 29th, 1912, to Oct 9th, 1912, that I last saw him alive on Oct 9th, 1912, and that death occurred, on the date stated above, at 10:10 p.m.

The CAUSE OF DEATH\* was as follows:

Valvular disease of heart  
Long standing 131  
79 79

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

Contributory (SECONDARY)

(Duration) 15 yrs. \_\_\_ mos. \_\_\_ ds.

(Signed)

W. J. Rabreau M. D.  
1011, 1912 (Address) Fordland 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

DATE OF BURIAL

W. J. Rabreau 1011, 1912

UNDERTAKER

ADDRESS

W. J. Rabreau 1011, 1912

# 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.)

## PLACE OF DEATH

County Webster  
 Township E. Dallas  
 or  
 Village  
 or  
 City (NO. St. Ward)

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

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 898 File No. 35171  
 Primary Registration District No. 6204 Registered No. 29

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

## FULL NAME

Johnson Dunham

## PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE w SINGLE  
 MARRIED  
 WIDOWED  
 OR DIVORCED m  
 (Write the word)

DATE OF BIRTH Apr. 12, 1899  
 (Month) (Day) (Year)

AGE 73 yrs. 5 mos. 28 ds. If LESS than  
 1 day, hrs. or min.

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

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

Farmer

BIRTHPLACE  
 (City or town,  
 State or foreign country)

Ill.

## PARENTS

NAME OF FATHER David Dunham

BIRTHPLACE OF FATHER  
 (City or town, State or foreign country) not known

MAIDEN NAME OF MOTHER Eliza Dunn

BIRTHPLACE OF MOTHER  
 (City or town, State or foreign country) not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. Dunham

(ADDRESS) Coffeyville, Kan

Filed Oct. 11, 1912 W. J. Raberman  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 10, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from  
Sept. 29, 1912, to Oct. 9, 1912,  
 that I last saw him alive on Oct. 9, 1912,  
 and that death occurred, on the date stated above, at 10:40 P.

The CAUSE OF DEATH\* was as follows:

Valvular Disease of Heart.  
long standing

(Duration) yrs. mos. ds.

Contributory chronic nephritis  
 (SECONDARY)

(Duration) 15 yrs. mos. ds.

(Signed) W. J. Raberman M. D.

10-11, 1912 (Address) Fordland 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 Mt. Olive Cem. DATE OF BURIAL Oct. 11, 1912

UNDERTAKER Mayfield ADDRESS Fordland Mo.

All information called for must be written on this Supplementary Certificate.

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.

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

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