

PLACE OF DEATH

County JacksonTownship Kawor
Village _____or
City Kansas City

(NO. General Hospital _____)

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

399

Registration District No. _____

File No. 13348Primary Registration District No. 1002Registered No. 1437[If death occurred in a
hospital or institution,
give its NAME instead
of street and number]FULL NAME Harold (Teddy) W. Dunham

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word) SingleDATE OF BIRTH Feb. 20, 1908
(Month) (Day) (Year)AGE 5 yrs. 2 mos. 0 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) O-O

BIRTHPLACE

(City or town, State or foreign country) Toronto Canada

PARENTS

NAME OF
FATHERNorman A. DunhamBIRTHPLACE
OF FATHER(City or town, State or foreign country) CanadaMAIDEN NAME
OF MOTHEREthel SwainBIRTHPLACE
OF MOTHER(City or town, State or foreign country) Canada

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ethel Dunham(ADDRESS) 1003 E. 14th St

APR 27 1913

Filed _____, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr - 20 -, 1913
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from
Apr 15, 1913, to Apr 20, 1913,
that I last saw him alive on Apr 19, 1913,
and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

Epidemic cerebro spinal
meningitis of chronic
type
(Duration) 18 yrs. 1 mos. 7 ds.Contributory
(SECONDARY)(Duration) 1 yrs. 1 mos. 7 ds.(Signed) C. Edward Palmer M. D.4-20, 1913 (Address) 1003 East 14th St*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 30 yrs. 3 mos. 30 ds. In the 3 yrs. 3 mos. 30 ds.Where was disease contracted
If not at place of death? 1924 Troost AveFormer or
usual residence 1003 East 14th St.

PLACE OF BURIAL OR REMOVAL

Toronto, Ont.

DATE OF BURIAL

Apr 27, 1913

UNDERTAKER

W. H. Queen 2109 East 9th St.

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*, *peritoneum*, 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 septicæmia," "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.)