

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

PLACE OF DEATH
County Camden
Township Adair
or
Village _____
or
City Spring Valley (NO. _____) St.: _____ Ward _____

Registration District No. 1150 File No. 33686
Primary Registration District No. 5169 Registered No. 5

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

FULL NAME Louis Gunn

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) single

DATE OF BIRTH sep 26, 1916
(Month) (Day) (Year)

AGE 1 00 29 If LESS than 1 day, ___ hrs. or ___ min.?
yrs. mos. ds.

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

BIRTHPLACE (City or town, State or foreign country) Camden Co Mo

NAME OF FATHER G. P. Gunn

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

MAIDEN NAME OF MOTHER Mc Cable

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(ADDRESS) _____

Filed Oct 20, 1916 A. H. Baug, Esq. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 2, 1916, to Oct 10, 1916, that I last saw him alive on Oct 20, 1916, and that death occurred, on the date stated above, at 2:45 p.m.

The CAUSE OF DEATH* was as follows:
an unmetred heart
1.57c
150
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) _____
(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. J. Treaster M. D.
Oct 27, 1916 (Address) Clinton Spg 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? Spring Valley Mo

Former or usual residence our home

PLACE OF BURIAL OR REMOVAL Cable Cemetery DATE OF BURIAL Oct 18, 1916

UNDERTAKER L. A. K. Koch ADDRESS Spring Valley

PHYSICIANS should state cause of death in detail. This is very important.

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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

1 PLACE OF DEATH

County

Cayden Adair

Township

or

Village

or

City

(NO

St.

Ward)

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

Registration District No.

1150

File No.

Primary Registration District No.

5169

Registered No.

5

2 FULL NAME

Louis Gunn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>M</i>	4 COLOR OR RACE <i>W</i>	5 SINGLE MARRIED WIDOWED OR DIVORCED <i>S</i> (Write the word)
6 DATE OF BIRTH <i>10/17/1866</i> (Month) (Day) (Year)		
7 AGE <i>50</i> yrs. mos. ds.		If LESS than 1 day hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country)		
PARENTS	10 NAME OF FATHER	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country)	
	12 MAIDEN NAME OF MOTHER	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Oct 17 1916
(Month) (Day) (Year)

17 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. The CAUSE OF DEATH* was as follows:

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds. (Signed) M. D. 191 (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 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.

SUPPLEMENTARY Certificate Information Supplied

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *L. P. Gunn*
(Address) *Spring Valley, Mo.*

15 Filed *Oct 20, 1916* *A. Ch. Baughman*
Registrar

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 191
20 UNDERTAKER ADDRESS

Original file, date *OCT - 1916*

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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PH. should be properly classified. Exact statement of U.P.A. should be given if important.

Missed to

Revised United States Standard Certificate of Death

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

2886
33686

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