

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

a B m

413907

1 PLACE OF DEATH  
County Macon  
Township Narrow  
or  
Village  
or  
City

Registration District No. 5381  
Primary Registration District No. 5719

File No.  
Registered No.

2 FULL NAME Benjamin Tesper Huntman (NO. St. Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male  
4 COLOR OR RACE White  
5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

16 DATE OF DEATH Apr 11 1918  
(Month) (Day) (Year)

6 DATE OF BIRTH Aug 29 1887  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Apr 10 1918 to Apr 11 1918  
that I last saw him alive on Apr 11 1918  
and that death occurred, on the date stated above, at 3:30 a.m.

7 AGE 30 yrs 7 mos 14 ds.  
IF LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:  
Acetylene Gas Explosion & wounded head & face

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

194-B (Duration) yrs. mos. ds.

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

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

PARENTS  
10 NAME OF FATHER Henry M Huntman  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Randolph Co Mo  
12 MAIDEN NAME OF MOTHER Jessie Watson  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Macon Co Mo

(Signed) A. J. Wells M. D.  
1918 (Address) Macon Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) H. M. Huntman  
(Address) Macon Mo

\*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.

15 Filed Apr 30 1918  
Registrar C. J. Howe

19 PLACE OF BURIAL OR REMOVAL Mt Salem Cem. DATE OF BURIAL 1 1918

20 UNDERTAKER C. J. Howe ADDRESS Macon Mo

# 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, 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.).

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1 PLACE OF DEATH

County

Township

Village

City

Registration District No.

File No.

Primary Registration District No.

Registered No.

(NO.

St.;

Ward)

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

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *M* 4 COLOR OR RACE *W* 5 SINGLE MARRIED WIDOWED OR DIVORCED *S*  
(Write the word)

16 DATE OF DEATH *Apr 11*, 191*8*  
(Month) (Day) (Year)

6 DATE OF BIRTH *1* (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *1918* to *1918*, that I last saw him alive on *1918*, and that death occurred, on the date stated above, at *11* m.

7 AGE *35* If LESS than 1 day *hrs.* or *min.?* mos. ds.

The CAUSE OF DEATH\* was as follows:  
*Accidental Gun Explosion & Wound of Head & face*  
*A. C. E. M. S.*  
(Duration) *6* yrs. *6* mos. *12* ds.

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

CONTRIBUTORY (Secondary) *Negligence*  
(Duration) *6* yrs. *6* mos. *12* ds.

9 BIRTHPLACE (City or town, State or foreign country)

(Signed) *A. B. Miller* M. D. *Apr 10*, 191*8* (Address) *Mocon Mo*

10 NAME OF FATHER

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

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

12 MAIDEN NAME OF MOTHER

At place of death *6* yrs. *6* mos. *12* ds. In the State *6* yrs. *6* mos. *12* ds.

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

Where was disease contracted if not at place of death?

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Former or usual residence *1707 W. 11th St. Mocon Mo*

(Informant)

(Address)

19 PLACE OF BURIAL OR REMOVAL *St. Mary's* DATE OF BURIAL *Apr 11*, 191*8*

15 Filed *Apr 30*, 191*8* *J. W. [unclear]* Registrar

20 UNDERTAKER ADDRESS

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13907  
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