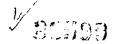
MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH



Court of Galting Township Galting City JODIN 10.0 (No. 1991) 2. FULL NAME NOTHIN JOHN KUNCH (Ultimateriate pive dity or town and State) 1. Beatheree, No. 1049 Kentucky Ave. s. st. (Ultimateriate pive dity or town and State) Length of readence in dity or town where death occurred yra mee. 4. COLOR OR RACE 5. STRILL MARKEL WINDOWS OR Diversion of Diversion (order the word) FERSONAL AND STATISTICAL PARTICULARS 2. SEX 4. COLOR OR RACE 5. STRILL MARKEL WINDOWS OR Diversion (order the word) FERSONAL AND STATISTICAL PARTICULARS 3. If MARKEL WINDOWS OR Diversion (order the word) FERSONAL ORDER 5. STRILL MARKEL WINDOWS OR Diversion (order the word) FERSONAL ORDER 5. STRILL MARKEL WINDOWS OR Diversion (order the word) FERSONAL AND STATISTICAL PARTICULARS 3. If MARKEL WINDOWS OR DIVERSION 15. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 14 1982 15. LATE OF DEATH (MONTH, DAY AND YEAR) Sept. 14 1982 16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 15 1982 17. AGE YEARS MONTHS DAYS 18 LESS than 1 day with the state of short, all 13 Sept. 15 1982 18. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work 15 Sept. 16 Sept.	1. PLACE OF DEATH	u
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(i) Besidence, No. 1042 Kentucky Ave. s. st. Length of residence in city or town where death occurred PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SHALE MARRIED, WIDOWED OR DIVORCED White Single	T	
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Anderson Undertaking Co. Joplin. Mo		Anderson Undertaking Co. Jonlin. 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, 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 factery. 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," "Anemia" (merely symptomatio), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia." "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and qualify AS ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; 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.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

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

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IISSOURI	I STA	TE BO	ARD	OF	HEAL	Ŧ
BUR	EAU O	F VITA	L STAT	FIST	ICS	
CERTIFICATE OF DEATH						

1.	PLACE OF DEATH	HL/1				
•	County Registration District					
	Township Primary Registration	h.				
	Co Jofalia (No.	St				
2.	FULL NAME Yourna Sear	e Runce				
	(a) Residence. No	(If nonresident give city or town and State)				
le	egih of residence in city or town where death occurred yrs. mos.	ds. How long in U.S., if of foreign birth? yrs. mos. ds.				
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. :	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR	16. DATE OF DEATH (MONTH, DAY AND YEAR) LO BIT 14 1922				
	Divorced (write the word)	17.				
	J. 1 00 1 00	I HEREBY CERTLEY. That I attended deceased from				
5a.	IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	, 19 , , , 19 , , , , , , , , , , , , ,				
	(OR) WIFE OF	that I last saw h alive on 19 , and that				
6 1	DATE OF BIRTH (MONTH, DAY AND YEAR)	death occurred, on the date state pove, at				
	AGE YEARS MONTHS DAYS If LESS than 1					
•••	day,hrs.					
	<u>or</u> mis.					
8. (OCCUPATION OF DECEASED					
	(a) Trade, profession, or	(dwation) yrs. mos. ds				
	particular kind of work					
	(h) General nature of industry, business, or establishment in	SONTRIBUTORY				
	which employed (or employer)	(duration)				
•	(c) Name of employer	18. Where was disease contracted				
	BIRTHPLACE (CITY OR TOWN)	IF NOT AT PLACE OF DEATH?				
J .	(STATE OR COUNTRY)	ll .				
i	10. NAME OF FATHER	DID AN OPERATION PRECEDE DEATHY				
].	IV. HAME OF TATTLER	WAS THERE AN AUTOPSY?				
" l	11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIST				
뒮	(STATE OR COUNTRY)	(Signed),,,M, D				
PARENTS	12. MAIDEN NAME OF MOTHER	, 19 (Address)				
1	13. BIRTHPLACE OF MOTHER (CITY OF OWN)	*State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state				
	(STATE OR COUNTRY)	(1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)				
14.		19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL				
	INFORMANT	'				
	(Address)					
15. ′	FIRE 1/1/ 1923 VI eurou Wark	20. UNDERTAKER ADDRESS				
V	REGISTRAR	K enderson und Po.				
	ALL INFORMATION CALLED FOR MUST	BE WRITTEN ON THIS SUPPLEMENTARY.				
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