JUL 19 1935

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

Do not use this space.

19261

1. PLACE OF DEATH
County: Cole — Registration District No.: 213
Township: — Primary Registration District No.: 3014
City: Jefferson City (No. ..., St. ..., Ward)

File No.:
Registered No.: 191

2. FULL NAME: Edward Hundley #44826
(a) Residence, No.: Missouri State Penitentiary St., Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length 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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-3-1897

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
38	5	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mo. State Prison J.C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Toledo, Ohio. DATE: June 12 1935

19. UNDERTAKER (ADDRESS): Heinrichs Bros Co Jefferson City Mo

20. FILED: 6/19/1935 M. Beford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 9 1935

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1935, to June 9, 1935
I last saw h~~im~~er alive on June 9, 1935. Death is said to have occurred on the date stated above, at 6:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

121 b

Name of operation: Appendectomy Date of: 6-5-35
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed): W. N. Rambo, M. D.
(Address): Jefferson City, Mo.

STATE OF ~~OHIO~~
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Cole Registration District No. 213 File No.
Township Primary Registration District No. 3014 Registered No. 191
or Village No. Mo., State Penitentiary St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Jefferson City
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2 FULL NAME Coy Edwards Hundley Did Deceased Serve in U. S. Navy or Army
(a) Residence. No. 1503 Walnut St, Toledo, Ohio St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (*write* the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June, 3, 1908

7. AGE: Years 27 | Months | Days 6 | If LESS than 1 day, 1 hrs. or min.

OCCUPATION
8. Trade profession, or particular kind of work done, as *spinner, sawyer, bookkeeper*, etc. Auto worker
9. Industry or business in which work was done, as *silk mill saw mill, bank*, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrin Ill

FATHER
13. NAME William Coy
14. BIRTHPLACE (city or town) (State or country) Vienna Ill.

MOTHER
15. MAIDEN NAME Clara Leonard
16. BIRTHPLACE (city or town) (State or country) Vienna Ill

17. The Signature of INFORMANT and (Address) Abele Funeral Home Toledo Ohio

18. BURIAL, CREMATION, OR REMOVAL
Place Memorial Park Date 19

19. FUNERAL DIRECTOR (Address) Lic. No.
19a. Was body embalmed Embalmer's Lic. No.

20. FILED 6/12/ 1935 S. V. Bedford MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19, I last saw h alive on , 19, death is said to have occurred on the date stated above at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: | Date of onset

CONTRIBUTORY CAUSES of importance not related to principal cause: 121 b

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. D.
Date 193 Address

UPPLEMENTARY

OCCUP... very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of va pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had r from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at scho at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupatio the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find ou particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the parti kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical eng mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be see Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully bet *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As r causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset	**The principal cause of death** and related causes of importance in order of onset were as follows:	Date o
Arteriosclerosis	1915	*Attack of epilepsy*	1 weel
Chronic interstitial nephritis	1921	*Run over by street car*	1 weel
Cerebral hemorrhage	July 5, 1927	*Peritonitis*	3 days
Contributory causes of importance not related to principal cause:		**Contributory causes** of importance not related to principal cause:	
Fracture of arm		*Influenza*	6 week
Automobile accident	May 3, 1927		

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in ea the above examples happens to be the second cause given.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN