

N. B.—Every item of information should be carefully supplied. **AGE** should be stated **EXACTLY**. **PHYSICIANS** should state **CAUSE OF DEATH** in plain terms, so that it may be properly classified. **Exact statement of OCCUPATION** is very important.

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

PLACE OF DEATH  
County Cooper  
Township Clinton Park or Village \_\_\_\_\_ or City Boonville (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 226 File No. 4634  
Primary Registration District No. 5307 Registered No. 3

FULL NAME Mrs. Ivan Muntzel

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> <small>(Write the word)</small>	DATE OF DEATH <u>Jan 26, 1912</u> <small>(Month) (Day) (Year)</small>	
DATE OF BIRTH <u>July 22, 1837</u> <small>(Month) (Day) (Year)</small>			I HEREBY CERTIFY, that I attended deceased from <u>Jan 16, 1912</u> , to <u>Jan 26, 1912</u> , that I last saw him alive on <u>Jan 25, 1912</u> , and that death occurred, on the date stated above, at <u>2 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Chronic Inflammation Bowels</u> <u>100%</u>	
AGE <u>74</u> yrs. <u>6</u> mos. <u>5</u> ds.				
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) <u>Housewife</u>			CONTRIBUTORY (SECONDARY) <u>4</u> (Duration) <u>2</u> yrs. <u>6</u> mos. _____ ds. (Signed) <u>W. W. Dexter</u> M. D. <u>Jan 30, 1912</u> (Address) <u>Prairie Home Mo</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Hanover Mo -</u>				
PARENTS	NAME OF FATHER <u>Frank County</u>		*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? Former or usual residence _____	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>			
	MAIDEN NAME OF MOTHER <u>Don't know</u>			
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mr. Ivan Muntzel</u> (ADDRESS) <u>Boonville Mo R.F.D.</u>				
Filed <u>Feb 9, 1912</u> <u>W. L. Osgan</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Tion Church Cem</u> DATE OF BURIAL <u>Jan 28, 1912</u> UNDERTAKER <u>J. H. Goodman</u> ADDRESS <u>Boonville Mo</u>	

# 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 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*, *Sar-*

*coma*, 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.)

*W. H. Stephens*

HUGH STEPHENS, JEFFERSON CITY.



## PLACE OF DEATH

County Leopold  
 Township Clarks Fork  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

REGISTRARS SHALL NOT RE-  
 CEIVE A FEE FOR CERTIFICATES  
 UNTIL THEY ARE COMPLETED AS  
 PRESCRIBED BY LAW.

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

Registration District No. 226 File No. 4634  
 Primary Registration District No. 5307 Registered No. 3

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

## FULL NAME

Mrs Dan Muntzel

## PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) M.

DATE OF BIRTH July 22, 1837  
 (Month) (Day) (Year)

AGE 74 yrs. 6 mos. 5 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION  
 (a) Trade, profession, or particular kind of work S

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

BIRTHPLACE

(City or town, State or foreign country)

Hanover Germany

NAME OF FATHER

Frank County

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Germany

MAIDEN NAME OF MOTHER

Don't know

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

" "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mr Dan Muntzel

(ADDRESS)

Bonerville Mo. R.F.D.

Filed

March 8, 1922

W. T. Ougan

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 26, 1922  
 (Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from Jan. 26, 1922 to Jan. 26, 1922, that I last saw her alive on " 25, 1922, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH\* was as follows:

Chronic Inflammation Bowels  
Chronic gastro-enteritis

(Duration) 2 yrs. 6 mos. ds.

Contributory

(SECONDARY)

(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed)

J. W. Pounds, Jr. M. D.  
March 8, 1922 (Address) Bonerville

\*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?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Zion Church Cem.

DATE OF BURIAL

Jan. 28, 1922

UNDERTAKER

J. W. Goodman

ADDRESS

Bonerville Mo.

Original file, date \_\_\_\_\_, 19\_\_\_\_\_

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
 SUPPLEMENTARY

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