

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

1 PLACE OF DEATH

County Johnson  
Township Hazel Hill  
or Warrsburg  
Village Warrsburg  
or  
City Warrsburg (NO.        St.        Ward       )

Registration District No. 434 File No. 12 40500  
Primary Registration District No. 5591 Registered No.       

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

2 FULL NAME

Jack Willis Claunch

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE Single  
MARRIED WIDOWED OR DIVORCED (Write the word)  
6 DATE OF BIRTH April 4 1917  
(Month) (Day) (Year)  
7 AGE 1 yrs. 7 mos. 15 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) Warrsburg Mo.

PARENTS  
10 NAME OF FATHER H. B. Claunch  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Warrsburg Mo.  
12 MAIDEN NAME OF MOTHER Ida M. Lamb  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Harris Ill.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. H. B. Claunch  
(Address) Warrsburg Mo.

15 Filed 12/9 1918 A. E. Pollock  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 29 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 16 1918 to Nov 29 1918  
that I last saw him alive on Nov 29 1918  
and that death occurred, on the date stated above, at 6.45 P.M.

The CAUSE OF DEATH\* was as follows:  
Pneumonia

Influenza  
(Duration) 14 yrs.        mos.        ds.

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

(Signed) R. M. Dargatzis M. D.  
Nov 30 1918 (Address) Garfield, 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

19 PLACE OF BURIAL OR REMOVAL Liberty Cem. DATE OF BURIAL Dec 19 1918

20 UNDERTAKER Frank Coffman ADDRESS Warrsburg 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 nature of the business or occupation and (b) the nature of the business or occupation if an additional line is provided for that should be used only when needed. Examples: (a) *Miner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Automobile factory*. The second line may form part of the second statement of cause of death. Examples: "Laborer," "Foreman," "Manager," "Welder," "Machinist," "Printer," "Tailor," "Carpenter," "Blacksmith," "Coke worker," "Iron worker," "Steel worker," "Copper worker," "Tin worker," "Lead worker," "Zinc worker," "Nickel worker," "Cadmium worker," "Mercury worker," "Silver worker," "Gold worker," "Aluminum worker," "Iron and steel mill," "Cotton mill," "Wool mill," "Linen mill," "Paper mill," "Glass mill," "Rubber mill," "Sugar mill," "Candy mill," "Bread mill," "Flour mill," "Lumber mill," "Saw mill," "Paper mill," "Glass mill," "Rubber mill," "Sugar mill," "Candy mill," "Bread mill," "Flour mill," "Lumber mill," "Saw mill," 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.)