

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. WHILE PENDING, WITH UNENDING INK—THIS IS A PERMANENT RECORD

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

1 PLACE OF DEATH

County Douglas
Township Superior
or
Village
or
City

Registration District No. 283
Primary Registration District No. 5409

File No. 5479
Registered No. 17 5680

2 FULL NAME Bessie Howard Hunt

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Nov. 8, 1919
(Month) (Day) (Year)

7 AGE 03 mos. 17 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) Corduroy Mo.

PARENTS
10 NAME OF FATHER Sam T. Hunt
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio
12 MAIDEN NAME OF MOTHER Ella R. Smith
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sam T. Hunt
(Address) Corduroy Mo.

15 Filed 7/25 1920 Eli B. Burt Registrar

6 MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH July 25, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 19, 1920, to July 24, 1920, that I last saw her alive on July 24, 1920, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH was as follows:
Maternal Complications
and Infection
38
158 (Duration) 04 yrs. mos. ds.

CONTRIBUTORY (Secondary)
7/25 1920 (Duration) yrs. mos. ds.
(Signed) Eli B. Burt M. D.
Corduroy Mo. (Address)

*State the Disease Causing Death, or, in death 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 Peru Co. Mo. DATE OF BURIAL 7/25 1920

20 UNDERTAKER Tom Anderson ADDRESS Corduroy Mo.

