

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 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

Do not use this space.

26178

1. PLACE OF DEATH

City.....
 Township.....
 City.....

Registration District No. **791**
 Primary Registration District No. **1003**
 (No. **2021 Olive St.**)

File No.....
 Registered No. **7889**
 St. Ward)

2. FULL NAME

(a) Residence. No. **Green B Hunt**
 (Usual place of abode) **2021 Olive St., W. Ward.**

(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** colored **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 49 1 0

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Preacher & Carpenter**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bentonia Mississippi

10. NAME OF FATHER Green B Hunt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bentonia Miss

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Isabella Hunt
 (Address) 2021 Olive St.

15. FILED SEP - 5 1927
 19 **male** Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 1927

17. I HEREBY CERTIFY, That I attended deceased from about 11:00 am to 8:30 am 1927
 that I last saw him alive on 8/27/27, and that death occurred, on the date stated above, at 7:45 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS: **92A 95K**

Mitral stenosis - acute decompensation
 Or best (duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) renal insufficiency
acute ascites
 (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **90 W**
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH **90 W**
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? **Physical exams**
Dr. Fred Stone M. D.
 (Signed) **9/31, 1927** (Address) **20389 Market St**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park
DATE OF BURIAL 9-6 1927

20. UNDERTAKER Peoples Union
 Address 3100 Franklin

