N 18 1928

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

Do not use this space.

36478

**1. PLACE OF DEATH**

County: Franklin — Registration District No.: 297 — File No.:

Township: Washington — Primary Registration District No.: 3016 — Registered No.: 82

City: ~~Dundee, Mo.~~ (No. ..... St. ..... Ward)

**2. FULL NAME** Clinton W. Hunter

(a) Residence. No. ..... St., ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | Negro | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known — Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 10, 1848

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 79 | 4 | 6 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(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): Washington, Mo.

PARENTS

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not known

12. MAIDEN NAME OF MOTHER: Easter Hunter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not known

14. INFORMANT: S.S. Briggs
(Address) Dundee, Mo.

15. FILED Dec 16, 1927 O. L. Mnench REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from 0 ....., 19....., to ....., 19....., that I last saw h 0 alive on 0, 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Died of old age. 167
Found dead in
frame shack
coroners inquest was not considered necessary

CONTRIBUTORY (SECONDARY) Death due to natural causes (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

8 164

(Signed) O. L. Mnench, M. D

Dec 16 1927 (Address) Washington Mo

*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 | DATE OF BURIAL |
|---|---|
| New Port Cemetery | Dec 18 1927 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| Otto & Co. by W.H.O | Washington Mo. |

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.