

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

Do not use this space.

8094

1. PLACE OF DEATH

County Cape Girardeau
Township Boonville
City Jackson (No. _____)

Registration District No. 124
Primary Registration District No. 4070

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

George Washington Hunter

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Hunter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 16 1868

7. AGE
YEARS MONTHS DAYS
69 10 27
If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Pol. Rev. Reporter
(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) Near Des Moines, Ill.

10. NAME OF FATHER Letha Hunter

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

12. MAIDEN NAME OF MOTHER Martha Carroll

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Near Des Moines, Ill.

14. INFORMANT Tommy Hunter
(Address) Jackson Mo

15. FILED 3-14-28 D. G. Suber
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 13 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 26, 1928, to Mar 13, 1928 that I last saw him alive on Mar 13, 1928 and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11A 11B
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Bronchial Catarrh
(duration) yrs. mos. da. 10 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at home

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Reynolds
(Signed) D. G. Suber, M. D.
3-14-28 (Address) Jackson 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 Russell Heights **DATE OF BURIAL** 3-14 1928

20. UNDERTAKER Crockett & Miller Jackson Mo **ADDRESS**

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.

1928

RECORD

