

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

Do not use this space.

**1. PLACE OF DEATH**

County Boone  
 Township Mo  
 City Mo

Registration District No. 77  
 Primary Registration District No. 4046 311

File No. 12304-1  
 Registered No. 6  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. Boone Co Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Steph Thomas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 3 - 1844

7. AGE YEARS 84 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Grant Co Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Ephraim Hunter

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

12. MAIDEN NAME OF MOTHER Martha Cole

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Grant Co Mo  
 (STATE OR COUNTRY)

14. INFORMANT J. G. Sharp et al.  
 (Address) 12 E. D. Columbia

15. FILED 5/10, 1928 W. E. Angel  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-28 1928

17. I HEREBY CERTIFY, That I attended deceased from April 20, 1928 to April 26, 1928 that I last saw him alive on April 27, 1928, and that death occurred, on the date stated above, at 2 o'clock P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage  
W. E. Angel (duration) yrs. mos. ds. 8-2-1  
 CONTRIBUTORY (SECONDARY) Smility (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  
 (Signed) W. E. Angel, M. D.  
4/30, 1928 (Address)

\*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 Locust Grove DATE OF BURIAL 4-29 1928

20. UNDERTAKER Tom McHardy ADDRESS Columbia Mo

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

21 1928  
 12304-1

