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

Do not use this space.

File No. 27448
Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.:
Township: Kaw — Primary Registration District No.:
City: Kansas City (No. Kansas City General Hosp. St. Ward)

2. FULL NAME Hunt, Calvert R

(a) Residence. No. 3204 Windsor Place St. 14 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 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	White	Divorced

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 14, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	7	

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

9. BIRTHPLACE (CITY OR TOWN) Lexington
(STATE OR COUNTRY) Ky.

PARENTS

10. NAME OF FATHER Calvert R. Hunt
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Maryland
12. MAIDEN NAME OF MOTHER Eva D Chambers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky

14. INFORMANT Record Clerk
(Address) Kansas City General Hosp.

15. FILED 8/23, 1928 M. M. Crane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-21 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-3, 1928, to 8-21, 1928, that I last saw him alive on 8-21, 1928, and that death occurred, on the date stated above, at 11:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitis with a Jackson-ian syndrome
Encephalitis lethargica
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Apoplexy 17
(duration) yrs. 8 mos. 24 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Non-Fundus
(Signed) P. E. Weeemus, M. D.
8-22, 1928 (Address) Supt K. C. Gen'l Hosp.

*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
Mt. Washington	Aug 23 1928
20. UNDERTAKER	**ADDRESS**
D. H. Newcomer's Sons	2111 E. 9th St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD