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

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.

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

Do not use this space.

30727

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 41 3978
Township Kaw — Primary Registration District No. 106 — Registered No.
City KC Mo (No. 4152 Harrison St. Ward)

2. FULL NAME George E. Hunter
(a) Residence No. 4152 Harrison St., 6 Ward.
(Usual place of abode) (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 M
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen E Hunter
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19 1859
7. AGE Years 69 Months 5 Days 10 If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(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) Mo

PARENTS
10. NAME OF FATHER no record Hunter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No record

14. INFORMANT Miss Mildred Hunter
(Address) 4152 Harrison
15. FILED 9/30, 1928 M. M. Crowe Asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-29 1928
17. I HEREBY CERTIFY, That I attended deceased from Sep 15, 1928, to Sep 24, 1928 that I last saw him alive on Sep 29, 1928 and that death occurred, on the date stated above, at ___ m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
1010 108 87B
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Parkinsons disease (Paralysis agitans)
(duration) 1 yrs. mos. 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?
(Signed) H C Tripp, M. D
9/29, 1928 (Address) 410 Argyle KC 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 Mt Mariah — DATE OF BURIAL Oct-1-1928
20. UNDERTAKER Mrs. C. L. Forster — ADDRESS K.C. Mo