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

Do not use this space.

37766

1. PLACE OF DEATH

County: Pemiscot — Registration District No. 683 — File No.

Township: Hayti — Primary Registration District No. 5864 — Registered No. 126

City: (No. ..... St. ..... Ward)

2. FULL NAME: Paul Hunt

(a) Residence. No. City St., ..... Ward. (If nonresident give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Marid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: No

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 19, 1904

7. AGE: Years 24 — Months One — Days 13 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: OK. 23A 110A

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: D. P. Lees

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Caruthersville Mo

PARENTS

10. NAME OF FATHER: Jno Hunt

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

12. MAIDEN NAME OF MOTHER: Mrs Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): 6 1880 Tenn

14. INFORMANT: F. L. Cates
(Address) Caruthersville Mo

15. FILED: Nov 8 1928 — O. W. Johnson, REGISTRAR

## 2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-2 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-20, 1928 to 11-2, 1928 that I last saw him on alive on 10-25, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Empiema
Tuberculous Effusion in Chest cavity
(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): T.B.
(duration) 2 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? T.B.

WHAT TEST CONFIRMED DIAGNOSIS? T.B.

(Signed) N. H. Denton, M. D

Nov. 2, 1928 (Address) Caruthersville

*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: Oregon Cemetery — DATE OF BURIAL: Nov. 3 1928

20. UNDERTAKER: F. L. Smith — ADDRESS: Caruthersville 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.