JAN 28 1929

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

Do not use this space.
43852, Lamerter,
File No. ....
Registered No. 295

1. PLACE OF DEATH
County: Vernon — Registration District No. 875
Township: Sec ... — Primary Registration District No. 3039
City: Nevada (No. ...., ... St. ..... Ward)

2. FULL NAME James Ola Hunt
(a) Residence. No. 322 W Austin St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23 - 189 7

7. AGE: Years 36 | Months 4 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) Mt. Vernon
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER: Daniel James Hunt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mt. Vernon
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER: Amanda Hawes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Keytesville
(STATE OR COUNTRY) Missouri

14. INFORMANT: Olga Hunt
(Address) Mt Vernon Mo.

15. FILED 1-7-1929 E. R. Ringe, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1928, to Dec 8, 1928, that I last saw alive on Dec 8, 1928, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
11 hr
109
(duration) ....yrs. ....mos. 2 ds.
CONTRIBUTORY (SECONDARY) Emphysema
(duration) ....yrs. ....mos. 5 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? Lyon Flynn
(Signed) H. A. Lamerter, M. D
12-28, 1928, (Address) Nevada 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. Vernon, Mo. — DATE OF BURIAL: Dec 9 1928
20. UNDERTAKER: Ferry Funeral Home — ADDRESS: Nevada, 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.