

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

Do not use this space.

9818

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township 14 Primary Registration District No. 3009
 City Cape Girardeau (No. 760 Seabury Ave) St. 4 Ward

File No. _____
 Registered No. 64

2. FULL NAME

Ben August Hunt

(a) Residence No. 760 Seabury Ave St. 4 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 7 28

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Winchester
 (STATE OR COUNTRY) Ill

10. NAME OF FATHER John Hunt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rhode Island
 (STATE OR COUNTRY) near

12. MAIDEN NAME OF MOTHER Elizabeth Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wills Wills
 (STATE OR COUNTRY)

14. INFORMANT Bessie Fisher
 (Address) Cape Gir. Mo

15. FILED 3/4 29 1929 W. H. Campbell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1929, to March 3, 1929, that I last saw him alive on March 1, 1929, and that death occurred, on the date stated above, at 12:10 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Brights Disease

CONTRIBUTORY (SECONDARY) 129a
 (duration) 1 yrs. 6 mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) W. A. Schover, M. D.

34, 1929 (Address) Cape Girardeau 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 DATE OF BURIAL

Fairmount Cemetery Mar 4 1929

20. UNDERTAKER Loberg F & N Co ADDRESS Cape Gir. 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.

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