

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

Do not use this space.

14241

1. PLACE OF DEATH

County Cooper
Township Talley
City Waverly (No.)

Registration District No. 219
Primary Registration District No. 5209

File No. 20
Registered No. 10
St. Ward

2. FULL NAME Waverly Belle Hunham

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 1 14

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Cooper County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Clyde Hunham

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

12. MAIDEN NAME OF MOTHER Mabel Stephens

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

14. INFORMANT Mrs. Clyde Hunham
(Address) Clarkburg Mo

15. FILED 579.29 Blotter Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-22-1929

17. I HEREBY CERTIFY, That I attended deceased from 12-15-1928 to 2-15-1929 that I last saw her alive on 2-15-1929, and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
31 (duration) 1 yrs. mos. ds.
CONTRIBUTORY Angina
(SECONDARY) (duration) 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 Microscopic

(Signed) S. H. Downing, M. D.

, 19 (Address) Clarkburg 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 9007 Cemetery Tipton Mo

DATE OF BURIAL 4-23-1929

20. UNDERTAKER James E. Richards

ADDRESS Tipton Mo

