AUG 23 1929

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

Do not use this space.

24016

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township " " Primary Registration District No. 3009
City " " (No. 119 No. Ellis St St. Ward)

File No.
Registered No. 164

2. FULL NAME George F. Hunt
(a) Residence. No. 119 No. Ellis St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9-1843

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
86	1	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Lumberman
(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) Prospect Va

PARENTS
10. NAME OF FATHER William P. Hunt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No. C.
12. MAIDEN NAME OF MOTHER Mattie Beach
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No. C.

14. INFORMANT Mrs. L. H. Butler
(Address) Cape Girardeau Mo

15. FILED 7/22 1929 W C Kaempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1929

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1929, to July 20, 1929 that I last saw her alive on July 20, 1929, and that death occurred, on the date stated above, at 7.25 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hardening of arteries
(duration) yrs. mos. ds.
CONTRIBUTOR* (SECONDARY) Infirmities of old age
(duration) 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?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M. D.
, 19 (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 Calidonia Cem. DATE OF BURIAL July 22 1929

20. UNDERTAKER Walther Und Co. ADDRESS Cape Gir. Mo

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.