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

Do not use this space.

31187

1. PLACE OF DEATH

County Johnson — Registration District No. 429 — File No. 17

Township Washington — Primary Registration District No. 6584 — Registered No.

City Knob Noster Mo — St. — Ward)

2. FULL NAME Napoleon Smith Hunt

(a) Residence. No. — 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: 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
60	6	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Johnson Co Mo

PARENTS

10. NAME OF FATHER H. C. Hunt
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Boone Co. Mo
12. MAIDEN NAME OF MOTHER Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs N. S. Hunt
(Address) Knob Noster Mo

15. FILED Sept 17 1929 J A Koch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1929, to Sept 16, 1929 that I last saw her alive on Sept 16, 1929 and that death occurred, on the date stated above, at 9 00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(1) Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (1) Chr. nephritis

(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? Clinical findings

(Signed) [signature], M.D.

, 19 (Address) Knob Noster 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~~ Pleasant Grove — DATE OF BURIAL 9/18 1929

20. UNDERTAKER C. L. Sault — ADDRESS K.N. 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.

OCT 24 1929

[illegible] INTENDING INK—THIS IS A PERMANENT RECORD