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

Do not use this space.

36875

File No. 818

Registered No.

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 5439

City Springfield Mo (No. R.R. 4 St. Ward)

2. FULL NAME Harvey J. Hunter

(a) Residence. No. St., Ward.

(Usual place of abode) Only Farm (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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 2 1860

7. AGE 68 YEARS — MONTHS 11 — DAYS 7 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) 262

(c) Name of employer

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

PARENTS

10. NAME OF FATHER John M Hunter

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

12. MAIDEN NAME OF MOTHER Cynthia A Schumy

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

14. INFORMANT R D Hunter (Address) Springfield Mo

15. FILED 11-9, 1929 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 - 9 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929, to Nov 9, 1929 that I last saw him alive on Nov 1, 1929, and that death occurred, on the date stated above, at 10 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A Catarrhal Pneumonia (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) he had injury to his left side (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Chest from a fall years ago farts unknown

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. N. Bruton, M. D

11-10, 19 (Address) 737 E Elm city

*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 Wilhoit — DATE OF BURIAL Nov 10 1929

20. UNDERTAKER W W Schweyer — ADDRESS Springfield

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.

THIS IS A PERMANENT RECORD

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