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

399

Do not use this space.

40953

File No. 5360

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 1002

Township Kaw — Primary Registration District No.

City Kansas City (No. 4519 Kensington St. Ward)

2. FULL NAME Martha M. Hunter

(a) Residence. No. 4519 Kensington St., 12 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert M. Hunter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	73	8	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

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

(c) Name of employer

66 B
107 A
112

9. BIRTHPLACE (CITY OR TOWN) Townscounty
(STATE OR COUNTRY) Ga.

PARENTS

10. NAME OF FATHER Geo. W. Gillespie

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

12. MAIDEN NAME OF MOTHER Elmira Wilson

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

14. INFORMANT Wm G. Hunter
(Address) 4024 Charlotte

15. FILED 12/28, 1929 M. M. Crowe REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 26 1929, to Just 1 call — 1929 that I last saw her alive on Dec 26 1929, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
Approximately 10 days
I was called on date as above
stated — (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Asthma complicated with Exopthalmic Goiter (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 4519 Kensington

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) J. A. McLaughlin, M. D.

12/27, 1929 (Address) 621 E 31st St Kans

*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 Holt, Mo. — DATE OF BURIAL 12/29 1929

20. UNDERTAKER R. V. Lindsey & Sons — ADDRESS Kans City, 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.