

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

Do not use this space.

314

1. PLACE OF DEATH

County Butter Registration District No. 89
Township _____ Primary Registration District No. 3007
City Poplar Bluff St. _____ Ward)

File No. _____
Registered No. 10

2. FULL NAME

(a) Residence No. 407 Valley 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 m 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 4, 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
33 10 5

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER John Hunter

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

12. MAIDEN NAME OF MOTHER Mary Leigh

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

14. INFORMANT Beaulah Hunter
(Address) Poplar Bluff

15. FILED 117 30 Do B J Clay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-9 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 8:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

gun shot wound by
12 ga. shot - gun on left side
of face below left eye
suicidal (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

123 (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) George Green Corcoran M.D.

1113 1930 (Address) Poplar Bluff 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 DATE OF BURIAL

City 1-12 1930

20. UNDERTAKER ADDRESS

Frankford Co Poplar Bluff

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.

