FEB 18 1930

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

Do not use this space.

771

39 1. PLACE OF DEATH

County Green — Registration District No. 318 — File No.

Township — Primary Registration District No. 2001 — Registered No. 14

36 City Springfield Mo. (No. Springfield Hospital St. Ward)

5 2. FULL NAME Pauline Marguite Hunt

(a) Residence. No. ~~[illegible]~~ St., Ward. Mt-Vernon Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Herbert Hunt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29 1904

7. AGE: Years 25 — Months 0 — Days 7 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

235 (a) Trade, profession, or particular kind of work House wife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Aurora Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER R.O. Harris

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

12. MAIDEN NAME OF MOTHER Minnie Edington

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

14. INFORMANT H. V. Hunt
(Address) Mt Vernon Mo

15. FILED 1-8 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Jany 6, 1930, to Jany 6, 1930 that I last saw her alive on Jany 6, 1930 and that death occurred, on the date stated above, at 8 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Surgical Shock following Hysterotomy

548 / 39C / 180 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Chronic Fibroid Uterus (Fibroid uterus) (duration) yrs. 1½ mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Mt Vernon

DID AN OPERATION PRECEDE DEATH? yes DATE OF Jany 6-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) William Smith, M. D

1-7-, 1930 (Address) Springfield 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: Aurora, Mo. — DATE OF BURIAL: 1/8 1930

20. UNDERTAKER: Phillips & Fossett — ADDRESS: Mt Vernon 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.