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

Do not use this space.

2393

File No. .....

Registered No. 9

1. PLACE OF DEATH

County St Charles Registration District No. 757

Township ..... Primary Registration District No. 3036

City St Charles Mo (No. St Jos Hospital St. ..... Ward)

2. FULL NAME George Hunter Troy Mo

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 23 - 1892

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
37	2	23	

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) .....
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Penn Hunter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Lincoln County Mo

12. MAIDEN NAME OF MOTHER Do not Know

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

14. INFORMANT Penn Hunter
(Address) Troy Mo

15. FILED 1/20 1930 Hy. G. Blackburn REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1930, to Jan 16, 1930, that I last saw him alive on Jan 16, 1930, and that death occurred, on the date stated above, at 12 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilation Heart
121 B
179
95 B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute Appendicitis with peritonitis (duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Troy Mo
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Jan 16-30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) F. J. Painter, M. D.
, 19 (Address) St Charles 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
Troy Mo	Jany 18 1930
20. UNDERTAKER*	ADDRESS
Kempfer Bros	Troy Mo

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.