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

Do not use this space.

2598

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160 — File No.
Township Central — Primary Registration District No. 4470 — Registered No. 8
City University City (No. 7207 Pershing Ave. St. Ward)

2. FULL NAME Claudine H. Hunt
(a) Residence. No. 7207 Pershing Ave. 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) |
|---|---|---|
| Female | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 11, 1855

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 74 | 10 | 11 | |

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

9. BIRTHPLACE (CITY OR TOWN) Bowling Green
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Ezra Hunt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Milford
(STATE OR COUNTRY) Mass.
12. MAIDEN NAME OF MOTHER Maria E. Pettibone
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Vernon
(STATE OR COUNTRY) N. Y.

14. INFORMANT David P. Dyer, Jr.
(Address) 5475 Cabanne Ave.

15. FILED 1-25, 1930 Lena V. Moeller D. REGISTRAR

## 2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Jany 1st 1930, 19..., to Jany 22, 1930 that I last saw her alive on Jany 17, 1930, and that death occurred, on the date stated above, at Jany 22 1 P.M.

95B THE CAUSE OF DEATH* WAS AS FOLLOWS:
97
Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) N. J. Burrough, M. D.
Jany 23 1930 (Address) 63 Aberdeen Place

*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 |
|---|---|
| Bellefontaine | Jan 25 1930 |
| 20. UNDERTAKER | ADDRESS |
| Wagoner U. Co | 3621 Olive |

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.

Feb 4 1930