

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

See Certified Deaths date
Do not use this space.
7692

1. PLACE OF DEATH

County Boone Registration District No. 73
Township _____ Primary Registration District No. 3 006
City Columbin (No. _____) St. _____ Ward _____

File No. _____
Registered No. 30

2. FULL NAME Susann Hunt

(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 Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know 1862 2

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 Don't know.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Boone Co
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Andy Ballenger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Boone Co
12. MAIDEN NAME OF MOTHER Katharine Ballenger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Boone Co

14. INFORMANT Mrs. Zephora Washington
(Address)

15. FILED 3-18-30 Beatrice Grubbs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-15 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-11-30 1930 to 3-14-30 1930 that I last saw her alive on 3-14-30 1930, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

old age
162 (duration) yrs. mos. ds.

CONTRIBUTORY Low vitality
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 164
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Edgar Conrad M. D.

, 19 (Address) Humboldt, 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 Mt Celestine M^c Baine DATE OF BURIAL 3-18 1930

20. UNDERTAKER A. C. Freeman ADDRESS Columbin 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

