APR 23 1930

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

Do not use this space.

7971

File No.

Registered No. 353

1. PLACE OF DEATH

County Cape Girardeau, Mo. Registration District No. 125

Township Cape Girardeau, Mo. Primary Registration District No. 3009

City Cape Girardeau, Mo. (No. ..... St. ..... Ward)

2. FULL NAME A. B. Hunter

(a) Residence. No. New Madrid, Mo. St. Francis Hospital 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 Mrs. A B Hunter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8-1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	8	17	

8. OCCUPATION OF DECEASED Grain Dealer
(a) Trade, profession, or particular kind of work Land Owner
(b) General nature of industry, business, or establishment in which employed (or employer) Game Dealer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Madrid
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Sam Hunter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Madrid
(STATE OR COUNTRY) County, Mo.

12. MAIDEN NAME OF MOTHER Lewis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Madrid County
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. H. C. Hunter
(Address) New Madrid, Mo.

15. FILED 3/26, 1930 W C Kempfer REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1930, to Mch 20, 1930 that I last saw him alive on Mch 20, 1930, and that death occurred, on the date stated above, at 3:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131
109A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia
129A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH New Madrid
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Unsolicited

(Signed) J. Wm. Purcell, M. D.
19 (Address) Cen Geneva 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
Evers Green Cemetery New Madrid, Mo.	March 27 1930
20. UNDERTAKER	ADDRESS
Al Brinkopf	536 Broadway

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.