

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.

APR 30 1930

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

Do not use this space.

9194

1. PLACE OF DEATH

County Jasper  
Township Carl Junction  
City Carl Junction (No. ....)

Registration District No. 406  
Primary Registration District No. 4240

File No. ....  
Registered No. 9  
St. 6 Ward

2. FULL NAME

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF M. G. Alexander

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24-1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .... hrs.  
or .... min.

77

4

26

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)

(STATE OR COUNTRY) Indiana

10. NAME OF FATHER

Isaac Hunsaker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) no record

12. MAIDEN NAME OF MOTHER

L. Hunt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) no record

14.

INFORMANT  
(Address)

Lillie Week  
Carl Junction Mo

15.

FILED

3/24/30

C. W. Koney

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1930

17.

I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1929, to Mar 20, 1930  
that I last saw h. very alive on Mar 20, 1930, and that death occurred, on the date stated above, at 11 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocardial Insufficiency  
1 heart

CONTRIBUTORY  
(SECONDARY)

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) O. E. Afferty, M. D.

Mar 20 1930 (Address) Carl Junction 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

Pharos View Cemetery

Mar 23 1930

20. UNDERTAKER

ADDRESS

Raney Bros. Co.

Carl Junction Mo

