

JUN 2 1930

Long

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

Do not use this space.

16979

1. PLACE OF DEATH

County Cattell
Township Delaware
City Delaware (No.)

Registration District No. 665
Primary Registration District No. 3022

File No.
Registered No. 142
St. Ward)

2. FULL NAME

Mrs Emma Hunt

(a) Residence, No. 1120 East 15th St., 3 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 18

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

10. NAME OF FATHER John Chadrach

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know

12. MAIDEN NAME OF MOTHER Do not know

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

14. INFORMANT Walter Hunt (Address) Carroll City Mo

15. FILED 5-31-30 J. L. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1930 to May 29 1930, that I first saw h. ee alive on May 29 1930 and that death occurred, on the date stated above, at 11 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

465 Parasitosis Pancreas
(duration) yrs. 6 mos. ? ds.

CONTRIBUTORY (SECONDARY) Metastasis
(duration) yrs. ? mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED Place of death
IF NOT AT PLACE OF DEATH...

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 27 1930
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Autopsy
(Signed) Frank B Long, M. D.
5/30 1930 (Address) Delaware 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 Herman DATE OF BURIAL 5/30 1930

20. UNDERTAKER McLaughlin Bros ADDRESS Delaware

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.

