JUN 27 1930

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

Do not use this space.

16999

1. PLACE OF DEATH
County Pike Co Mo — Registration District No. 688
Township ... — Primary Registration District No. 5116 — File No. ...
City Frankford (No. 412 St. ... Ward) — Registered No. 7

2. FULL NAME Maud Hunshaw

(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 50 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8 1871.

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
58	4	20	

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

9. BIRTHPLACE (CITY OR TOWN) Pike Co Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER J. D. Bradley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ... (STATE OR COUNTRY) South Carolina
12. MAIDEN NAME OF MOTHER Victoria Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ... (STATE OR COUNTRY) Pike Co Mo

14. INFORMANT E J Bradley
(Address) Frankfort Mo

15. FILED May 8, 1930 Mattie Uncapher REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1930, to ..., 19... that I last saw h... alive on May 3, 1930, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arthritis Deformans
5 M
59 Yrs
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) ...
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? ...
WHAT TEST CONFIRMED DIAGNOSIS? ...

(Signed) O M Bradyman, M. D
5/6, 1930 (Address) Frankford, 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 Frankford — DATE OF BURIAL May 5 1930

20. UNDERTAKER E M Fields — ADDRESS Frankford

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.