

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

Do not use this space.

21473

File No. 6353
Registered No. 6353
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 701
Township _____ Primary Registration District No. 1003
City Sopris (No. City of Sopris)

2. FULL NAME

(a) Residence No. 334 Cozzano St. 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Della Hunter</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 12 1897</u>					
7. AGE	YEARS <u>33</u>	MONTHS <u>1</u>	DAYS <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Druggist</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Baker</u>					
(c) Name of employer <u>Loose Wiles Baking Co.</u>					
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>					
PARENTS	10. NAME OF FATHER <u>Paul Hunter</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>				
	12. MAIDEN NAME OF MOTHER <u>Louise LaChance</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>				
14. INFORMANT (Address) <u>Ray Shepherd</u>					
15. FILED <u>11-11-30</u> 19 <u>30</u> REGISTRAR <u>W. C. Standiford</u>					

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 30

17. I HEREBY CERTIFY, That I attended deceased from June 28 30 to June 30 30 that I last saw h. l.m. alive on June 30, 1930, and that death occurred, on the date stated above, at 12:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Gangrenous Ruptured
1214 Appendicitis & emeral
1215 Peritonitis
1216 Appendectomy & Drainage

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 6/24/30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Op.
(Signed) Edward J. Phelps M. D.
30, 1930 (Address) City of Sopris

*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 <u>Prairie Du Rocher</u>	DATE OF BURIAL <u>7-2 1930</u>
20. UNDERTAKER <u>Jashner</u>	ADDRESS <u>Red Bud</u>

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.

Hunter