

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

Do not use this space.

22679

File No. 69
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Haskell Registration District No. 384
Township _____ Primary Registration District No. 4277
City West Plains Mo

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX Ma 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/7-1930

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

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1930, to July 6, 1930. that I last saw h. _____ alive on _____, 1930, and that death occurred, on the date stated above, at 6:00 P m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 14-1911

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>19</u>	<u>2</u>	<u>23</u>		

92 Myocarditis
930 (duration) _____ yrs. _____ mos. _____ ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer). _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) Mitral insufficiency and aortic aneurysm (duration) _____ yrs. 6 mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRACTED At home
(CITY OR TOWN) _____

10. NAME OF FATHER W. R. Hunter

2. DID AN OPERATION PRECEDE DEATH? No yr. DATE OF June 9" 1930

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Deer Co., Mo
(STATE OR COUNTRY)

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Hester Copp

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) P. A. Sparks, M. D.

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

(Address) West Plains Mo

14. INFORMANT Mr. W. R. Hunter
(Address) West Plains 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.

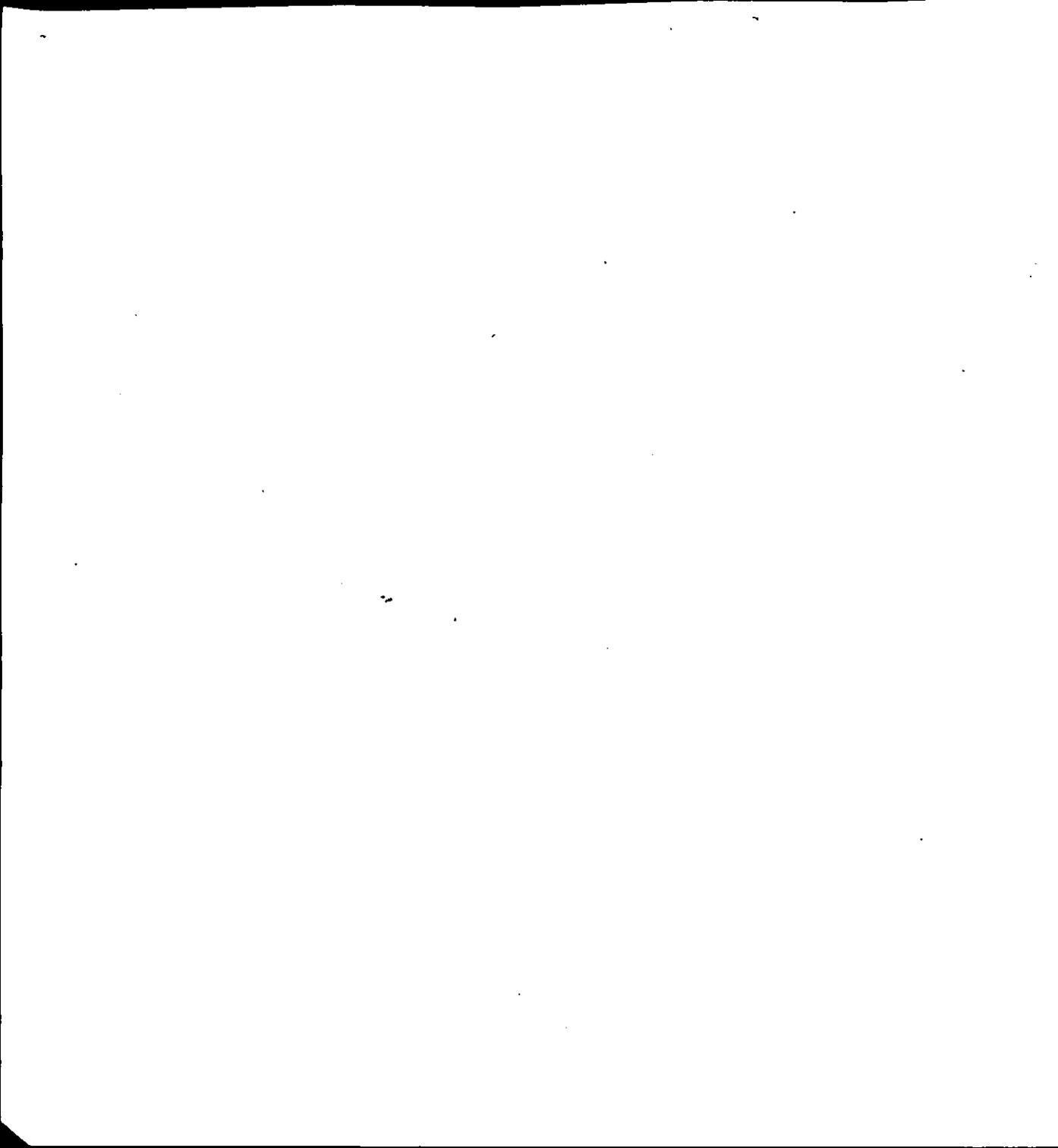
15. FILED 7-15-30 O. P. A. Steiner
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Home land DATE OF BURIAL 7/8-1930

20. UNDERTAKER McFarland's ADDRESS West Plains Mo

AUG 26 1930

CAUSE OF DEATH in plain terms, so that it may be properly understood.



Requested to make every effort to _____
cated by check marks, lacking from the death certificate:

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Name: Hoesea Hunter

Who died at: West Plains, Mo, on July 7, 1930,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Myocarditis

Contributory: Mitral Insufficiency

and ascites & anasarca

Where was disease contracted? The doctor says he does not remember the case well enough and told all he knew.

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

S-22679