

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.

NOV 3 1930

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

Do not use this space.

31974

1. PLACE OF DEATH

County North  
Township Witchhall  
City Grant City (No. \_\_\_\_\_)

Registration District No. 903  
Primary Registration District No. 45-45

File No. \_\_\_\_\_  
Registered No. 22  
St. \_\_\_\_\_ Ward)

2. FULL NAME

Maryl J Hunt  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 2 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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. C. R. Hunt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 6, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
71 10 17

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

9. BIRTHPLACE (CITY OR TOWN) Wentzville  
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Henry Stabe  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wilmington  
(STATE OR COUNTRY) Germany  
12. MAIDEN NAME OF MOTHER Barbara Hunt  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wilmington  
(STATE OR COUNTRY) Delaware

14. INFORMANT C. H. Hunt  
(Address) Grant City, Mo.

15. FILED Sept 30 John Chudreus  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 23 1930  
17. I HEREBY CERTIFY, That I attended deceased from July 30, 1930, to Sept 23, 1930, that I last saw her alive on Sept 23, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
12:1 B  
acute obstruction of colon  
12:24 D (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 5 ds.  
CONTRIBUTORY Chronic appendicitis  
(SECONDARY) (duration) \_\_\_\_\_ yrs. 6 mos. 2 ds.

18. WHERE WAS DISEASE CONTACTED  
117 B  
U. NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? NO  
WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) J. Phipps, M. D.  
Sept 24, 1930 (Address) Grant City, 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 Witchhall Cemetery DATE OF BURIAL 9/24 1930  
20. UNDERTAKER Arch C. Duffee ADDRESS Grant City

