

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.

NOV 24 1930

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

Do not use this space
32688

1. PLACE OF DEATH
 County Burnley Registration District No. 330
 Township Wentworth Mo Primary Registration District No. 3017
 City Ridgeway Ave St. _____ Ward _____
 2. FULL NAME Harsh Louisa Hunter
 (a) Residence Spickard Mo St. _____ Ward _____ Spickard Mo
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 mos. _____ da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7 = 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>68</u>	<u>1</u>	<u>14</u>	

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

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

10. NAME OF FATHER Jesse Austin

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

12. MAIDEN NAME OF MOTHER Jane Mullins

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

14. INFORMANT (Address) Edgar Hunter Spickard Mo

15. FILED Oct 22 1930 E. A. Duffy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1930

17. I HEREBY CERTIFY, That I attended deceased from July 30 1930 to Oct 22 1930
 that I last saw him/her alive on over 22 1930, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
due to
hypertension
440
 (duration) yrs. 4 mos. _____ da.

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? no
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? St. Louis Mo
 (Signed) Dr. J. J. ...
 10/22/30 (Address) Spickard 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 Masonic Spickard Mo DATE OF BURIAL 10/23 1930

20. UNDERTAKER Chas E Schooler ADDRESS Spickard Mo

