

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

Do not use this space.

2963

1. PLACE OF DEATH

County.....*St. Louis, Mo.* Registration District No. *791*
 Township.....*Maplewood* Primary Registration District No. *1008*
 City.....*Maplewood* (No. *6828*) *Smiley Ave* St. Ward)

File No.
 Registered No. *111*

2. FULL NAME

Josephine P. Hunter
 (a) Residence No. *6828 Smiley Ave.* Ward *3*
 (Usual place of abode)

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. SEX <i>Female</i>		4. COLOR OR RACE <i>White</i>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widowed</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Francis B. Hunter</i>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>July 16 - 1862</i>					
7. AGE		YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		<i>68.</i>	<i>5.</i>	<i>16.</i>	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <i>At Home.</i>					
(b) General nature of industry, business, or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mythreville, Va.</i>					
PARENTS	10. NAME OF FATHER <i>Marshall Ferguson</i>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Va.</i>				
	12. MAIDEN NAME OF MOTHER <i>Frances V. Ellis</i>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Va.</i>				
14. INFORMANT <i>Margaret H. Parks</i> (Address) <i>#6828 Smiley Ave.</i>					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan - 2 - 1931*

17. I HEREBY CERTIFY, That I attended deceased from *Dec 31*, 19*30*, to *Jan 2nd*, 19*31* that I last saw her alive on *Jan 1st*, 19*31*, and that death occurred, on the date stated above, at *8:45 A.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
 (duration) *-* yrs. *9* mos. *-* ds.
 CONTRIBUTORY (SECONDARY) *Bronchial Asthma*
non-Tubercular (duration) *-* yrs. *-* mos. *9* ds.

18. WHERE WAS DISEASE CONTRACTED?
 IF NOT AT PLACE OF DEATH
At Home
 DID AN OPERATION PRECEDE DEATH? *No* DATE OF
 WAS THERE AN AUTOPSY? *No*
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) *E. Wilson M.D.* M. D.

Jan 3rd, 1931 (Address) *3201 Drankor St. Louis 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
Bellefontaine DATE OF BURIAL
Jan 5, 1931

20. UNDERTAKER
C. R. Rupton ADDRESS
#4449

15. FILED *JAN - 1 1931*
Wm. C. Stahler
 REGISTRAR

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.

3201 Evanhoe.

2-5 P.M.

7-8 P.M.

Niland #2895