

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

Do not use this space.

4590

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No. _____)

Registration District No. 73
Primary Registration District No. 5112

File No. _____
Registered No. 30
St. _____ Ward _____

2. FULL NAME

Newton Hunter
(a) Residence No. Columbia Mo. Rfd. Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Exp 14-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 11 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cardener 5
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Samuel Hunter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Emeline Roberts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Ky

14. INFORMANT Dorze Long
(Address) Columbia Mo Rfd.

15. FILED 3/11/31 F. C. Suggitts
19 _____ REGISTRAR
by Selby

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Feb 9, 1931, that I last saw him alive on Feb 5, 1931, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis.
127R
97

CONTRIBUTORY (SECONDARY) Cerebral Jaundice
(duration) 2 yrs. 1 mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) W. R. Morris, M. D.
, 19 _____ (Address) Columbia 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 Columbia Cemetery DATE OF BURIAL Feb 12 1931

20. UNDERTAKER R. B. Baker ADDRESS Columbia

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.

