

APR 25 1931

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

Do not use this space.

6306

1. PLACE OF DEATH

County Monroe  
Township Mason  
City Hannibal (No. St. Elizabeth Hospital)

Registration District No. 547

File No. \_\_\_\_\_  
Registered No. 77  
St. 6 Ward

2. FULL NAME

John Henry Hunning  
(a) Residence No. 601 Bridge St. 1 Ward.  
Length of residence in city or town where death occurred 45 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) \_\_\_\_\_  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Trouble Man 193  
(b) General nature of industry, business, or establishment in which employed (or employer) City Water Dept  
(c) Name of employer Hannibal Mo.

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

10. NAME OF FATHER Henry Hunning  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know 31  
12. MAIDEN NAME OF MOTHER " " "  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) " " "

14. INFORMANT Effie Kahn (Address) Chicago Ill.

15. FILED 2/17 31 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1931, to Feb 14, 1931, that I last saw him alive on Feb 14, 1931, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia Bronchial  
936  
1014 (duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (SECONDARY) Myocarditis (duration) 1 yrs. 1 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? (1)  
WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) G. A. Rossett M. D.  
, 19 (Address) Hannibal 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 Barkley Cemetery New London Mo DATE OF BURIAL 2-16-1931

20. UNDERTAKER Schwartz Funeral Home ADDRESS Hannibal Mo.

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.



18-10-1944

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Marion

Registration District No. 547

Township

Primary Registration District No. 3029

City Fannin (No. ....)

File No. ....

Registered No. 47

St. .... Ward)

**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. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 9 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 717, 1931 Clousin Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from ..... to .....

I last saw h. .... alive on ....., 19..... Death is said

to have occurred on the date stated above, at .....

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? ..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) ....., M. D.

(Address)

**SUPPLEMENTARY**

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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