

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

Do not use this space.

7699

1. PLACE OF DEATH

County
Township
City (No.)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 2061
St. Ward)

2. FULL NAME

(a) Residence No. Cayville Hunt St. 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode) 1922 Goodale
Length of residence in city or town where death occurred 2 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colord 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 75

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Abot 55 Unknown

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

9. BIRTHPLACE (CITY OR TOWN) Weir
(STATE OR COUNTRY) Mississippi 2

10. NAME OF FATHER Porpie Potts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

12. MAIDEN NAME OF MOTHER Rosie Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Weir Mississippi

14. INFORMANT James Hunt
(Address) 1922 Goodale

15. FEB 16 1931 Ray C. Starkey
FILED 19. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 13 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1931, to Feb 12, 1931, that I last saw h. W alive on Feb 12, 1931, and that death occurred, on the date stated above, at 9:51 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Colo)

CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Aspand
(Signed) H.H. Rachellford, M. D.

(Address) 3903 Hwy 13

*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 DATE OF BURIAL

Memphis Tennessee Feb 16 1931

20. UNDERTAKER ADDRESS

A. Young 7700 Kemmerly

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.

Dr. H. H. Rachellford

