

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

Do not use this space.

10366

**1. PLACE OF DEATH**

County Jasper

Registration District No. 411

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 2

Registered No. \_\_\_\_\_

City Joplin (No. 1624591)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Thomas W Hunt

(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 (write the word)**

widowed

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Aug 2 - 1843

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

87

7

1

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none

(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)**

Massfield Ohio

**10. NAME OF FATHER**

Wm Hunt

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

no record

**12. MAIDEN NAME OF MOTHER**

M. Taghlin

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

Ohio

**14. INFORMANT (Address)**

Family Joplin Mo

**15. FILED**

3/2 19 31 W Benson Clark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

3-3-31 1931

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Nephritis

131

97

(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

arterio sclerosis

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT A PLACE OF DEATH \_\_\_\_\_

**8 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_**

WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) Wm Brookhiser  
(Address) Joplin 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**

**DATE OF BURIAL**

Fairview 3/5-31 1931

**20. UNDERTAKER**

**ADDRESS**

Harold W. Co. Joplin 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.

APR 23 1931

