

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

Do not use this space.

See 12936  
10/1/31

**1. PLACE OF DEATH**

County Lemmon  
Township Nevada  
City Jefferson City (No. ....)

Registration District No. 875  
Primary Registration District No. 3039

File No. ....  
Registered No. 191 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Jefferson Co St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 3 1/2 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Singles

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-8-1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>15</u>	<u>15</u>	<u>0</u>	<u>0</u>	

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

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) Don't know

13. NAME Henry Hunt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Miss Ella Booher Jefferson City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sleepwood Cmet DATE 13/19/31

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada Mo

20. FILED 4/10-1931 E. R. King Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/31 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar. 6 1931, to Mar 8 1931  
I last saw her alive on Mar 8 1931 Death is said to have occurred on the date stated above, at 1 P m.

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

Gunshot wound of head Date of onset

Other contributory causes of importance: 167

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide suicide Date of injury 3/6 1931  
Where did injury occur Near Schell City, Vernon Co  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Gunshot wound

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) E. R. King, M. D.

(Address) Nevada, Mo

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.

APR 27 1931

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