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.

AUG 29 1931

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No. 26178

Township CARONDELET — Primary Registration District No. 6248 B — Registered No. 263

City Jefferson Barracks, Mo. — No. U.S. Veterans Hospital, Jefferson Barracks, Mo. — Ward)

2. FULL NAME Jermiah Hunter

(a) Residence, No. 4447 Maffit Ave., St. Louis, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. OWN. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: COLORED
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Pearl Hunter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 17, 1890

7. AGE: YEARS 41 — MONTHS 2 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable.
10. Date deceased last worked at this occupation (month and year) Unavailable.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable. Kentucky.

FATHER

13. NAME: Unavailable.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable. Unavailable.

MOTHER

15. MAIDEN NAME: Unavailable.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable. Unavailable.

17. INFORMANT (ADDRESS): C. H. Smith, Clinical Director. U.S. Veterans Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE 7-16 1931

19. UNDERTAKER (ADDRESS): Jefferson Barracks A. F. Walter 2701 Stoddard St

20. FILED July 15 1931 L. C. Obrock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 6, 1931.

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1931, 19..., to July 6, 1931., 19...
I last saw him alive on July 6, 1931., 19... Death is said to have occurred on the date stated above, at 4:55 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic.	
Far Advanced, active.	
23A	
Other contributory causes of importance:	

23

Name of operation: Autopsy, Physical & Laboratory findings. Date of
What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
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) W. C. Gibson, Medical Officer In Chg
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.