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.

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

Do not use this space.

35482

1. PLACE OF DEATH
County St Charles
Township Dardenne
City St Peters
Registration District No. 7
Primary Registration District No.
File No.
Registered No.
(No. ..... St. ..... Ward)

2. FULL NAME Eugene Hunn
(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: 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: married Dora Hunn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug-17 1860

7. AGE: 71 YEARS | MONTHS: 2 | DAYS: 8 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Troy Mo
(STATE OR COUNTRY): Lincoln Co Mo

PARENTS
10. NAME OF FATHER: Joseph Hunn
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): United States of Am
12. MAIDEN NAME OF MOTHER: Madeline Klein
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Alsace Lorrain France

14. INFORMANT: O. D. Algermissen
(Address): St Peters Mo

15. FILED ....., 19.....
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 25 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1931, to Oct. 25, 1931, that I last saw him alive on Oct. 25, 1931, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia
131
131
1328
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis
(duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. M. Jenkins, M. D
, 19 (Address) St Charles, 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: St. Peters Cemetery
DATE OF BURIAL: 19

20. UNDERTAKER: A. P. Wahrhausen
ADDRESS: St. Peters Mo.