

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

Do not use this space.

*Prose*  
File No. **840676**  
**890**

**1. PLACE OF DEATH**

County Greene Registration District No. 518  
Township \_\_\_\_\_ Primary Registration District No. 297  
City Springfield Mo. (No. 757 W. Walnut St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

(a) Residence. No. 757 W. Walnut 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 Mella  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-22-1859  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 10 0  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Rtd. Conductor  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Springfield  
(STATE OR COUNTRY) mo

**PARENTS**  
10. NAME OF FATHER George Hunt  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) \_\_\_\_\_  
12. MAIDEN NAME OF MOTHER Elizabeth Jones  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Springfield  
(STATE OR COUNTRY) mo

14. INFORMANT Mrs. Walter Hunt  
(Address) 757 W. Walnut

15. FILED 12-24-1931 Tom Sharp REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22, 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1931, to Dec 21, 1931, that I last saw him alive on Dec 21, 1931, and that death occurred, on the date stated above, at 2:30 A.M.

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

Chronic Valvular Heart Disease  
92A General yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 92A yrs. mos. 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?  
(Signed) Robert J. Williams, M. D.  
, 19 (Address) Springfield Mo

\*State the DISEASE CAUSING DEATH, or if 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 Hazelwood DATE OF BURIAL 12/23 1931

20. UNDERTAKER Anna Schmeck ADDRESS 334 St. James St.

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.

