N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

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

Do not use this space.

1864

1. PLACE OF DEATH

70 County Montgomery — Registration District No. 592 — File No.

5 Township — Primary Registration District No. 4250 — Registered No.

2 City Montgomery (No. , St. Ward)

2. FULL NAME Alvin A. Hunter

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

Length of residence in city or town where death occurred yrs. mos. 1½ ds. How long in U. S., if of foreign birth? 1 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30th 1932

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Montgomery City Missouri

FATHER
13. NAME E.W. Hunter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellsville Mo

MOTHER
15. MAIDEN NAME Alma Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery City Missouri

17. INFORMANT (ADDRESS) E. W. Hunter Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wellsville Mo, DATE Jan 31 1932

19. UNDERTAKER (ADDRESS) C. W. Hopkins Montgomery City Mo

20. FILED Feb 10, 1932 D. J. Bentley Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1932, to Jan 30, 1932
I last saw him alive on Jan 30, 1932 Death is said to have occurred on the date stated above, at 7 30 a.m.
The principal cause of death and related causes of importance were as follows:

Heart failure — Date of onset

159 159
158

Other contributory causes of importance: Premature Birth

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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? no
If so, specify
(Signed) E. W. Tinsley, M. D.
(Address) Montgomery City Mo.