

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 25 1932

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

Do not use this space.

7568

1. PLACE OF DEATH
 14 County Callaway Registration District No. 102
 1 Township Jackson Primary Registration District No. 7862
 2 City Auxvasse (No. _____) St. _____ Ward _____

2. FULL NAME Cassandra J. Hunt
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 R. M. Hunt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1853

7. AGE YEARS 78 MONTHS 4 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Flat Creek Tenn.

FATHER
 13. NAME W. B. Watson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
 15. MAIDEN NAME Ellen Santer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Chas. Hunt Chicago Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Auxvasse DATE 3/21/32

19. UNDERTAKER (ADDRESS) Hughes Maupin

20. FILED 21 1932 H. G. Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1932 to Mar 20, 1932
 I last saw her alive on Mar 20, 1932 Death is said to have occurred on the date stated above, at 3:40 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus
48
1932
48
 Other contributory causes of importance:
Involution ①

Name of operation Exposure to radium Date of Nov. 1931
 What test confirmed diagnosis? None Was there an autopsy? No

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) J. R. Hill, M. D.
 (Address) Auxvasse Mo

