

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

Do not use this space.

19649

1. PLACE OF DEATH

County JACKSON

Registration District No. 399

Township KAW

Primary Registration District No. 1002

City KANSAS CITY

(No. 7321, WABASH)

File No. _____

Registered No. 2459

St. _____ Ward _____

2. FULL NAME

MRS FLORINE HUNT

(a) Residence, No. 7321 WABASH St. 15 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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF <u>JOHN W. HUNT</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>OCTOBER-26-1854</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>7</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>	
	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) <u>LYONS IOWA</u>		
FATHER	13. NAME <u>JOHN W. MYERS</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>IOWA</u>	
MOTHER	15. MAIDEN NAME <u>Miss ASENITH</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>IOWA</u>	
17. INFORMANT (ADDRESS) <u>MRS JOHN W. HUNT 7321 WABASH AVE</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>FOREST HILL</u> DATE <u>JUNE-23 1932</u>		
19. UNDERTAKER (ADDRESS) <u>D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI</u>		
20. FILED <u>6/21 1932</u> <u>M. M. Croome</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE - 21 1932

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1932, to June 21, 1932
I last saw h. alive on June 21, 1932 Death is said to have occurred on the date stated above, at 5:40 A.M.
The principal cause of death and related causes of importance were as follows:

<u>Central Pneumonia</u>	Date of onset <u>June 16, 1932</u>
<u>82A</u>	
<u>107A</u>	
<u>Other contributory causes of importance:</u>	
<u>Bronchopneumonia</u>	Date of onset <u>June 19, 1932</u>

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) M. M. Croome, M. D.
(Address) Kansas City, Mo.

WHITE 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.

832 Argyle Bed.

4:30 - 5