

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

Do not use this space.

20702

1. PLACE OF DEATH

96 County St. Louis Registration District 789
Township Central Primary Registration District No. 60300
City (No. 7224, St. Andrews Road St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. 7224 St. Andrews Rd. 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/23/1864
7. AGE YEARS 68 MONTHS 2 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Kentucky

13. NAME Thomas B. Hunt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mary H. Appleck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. G. J. Meyer 7224 St. Andrews Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Warsaw, Ill. DATE 6/25, 1932

19. UNDERTAKER (ADDRESS) Neek 45 Dickman 3039 Easton St.

20. FILED 6/24, 1932 W. H. Bury, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1932
22. I HEREBY CERTIFY, That I attended deceased from 6/24, 1932 to 6/24, 1932
I last saw h. ea. alive on 6/24, 1932 Death is said to have occurred on the date stated above, at 7:52 p.m.
The principal cause of death and related causes of importance were as follows:

apoplexy
Cerebral Hemorrhage.
Date of onset 6/24

Name of operation _____ Date of _____
What test confirmed diagnosis? no 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Dr. Preston Hall M. D.
(Address) 730.3 Natural Bridge

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.

FILED 27-1932

RECORDS DEPARTMENT

