

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

Do not use this space.

23624

1. PLACE OF DEATH

78 County Pemiscot
4 Township Hasty
6 City Hasty (No. _____)

Registration District No. 653
Primary Registration District No. 5864

File No. _____
Registered No. 77
St. _____ Ward _____

2. FULL NAME

Arnold McKinley Hunter
(a) Residence, No. _____ 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31, 1932</u>		
7. AGE	YEARS	MONTHS
<u>—</u>	<u>—</u>	<u>—</u>
		DAYS
		<u>—</u>
		IF LESS than 1 day, <u>—</u> hrs. or <u>—</u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>infant</u>	11. Total time (years) spent in this occupation <u>—</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year) <u>—</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hasty town ship 1

FATHER 13. NAME Archie Hunter

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tullahoma Tenn

MOTHER 15. MAIDEN NAME Idell. W. Jones

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Albans Tenn

17. INFORMANT Archie Hunter (ADDRESS) Hasty, Miss.

18. BURIAL, CREMATION, OR REMOVAL PLACE Magdalenia mo DATE Aug 1 1932

19. UNDERTAKER Ray undertaking co. (ADDRESS) Hasty Miss

20. FILED 8-1- 1932 J. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1932

22. I HEREBY CERTIFY, That I attended deceased from July 31 1932 to July 31 1932

I last saw him alive on July 31 1932 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

Premature Birth Date of onset 7-21-32

Other contributory causes of importance:

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) J. Johnson, M. D.
(Address) Hasty, Miss.

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.

Aug 25 1932

