

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.

OCT 28 1932

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

Do not use this space.

30064

1. PLACE OF DEATH
 County Pike Registration District No. @ Pike Co. Hospital
 Township Buffalo Primary Registration District No. 2033
 City Reynolds No. Pike Co Hospital St. _____ Ward _____

2. FULL NAME Genie Gertrude Hunter
 (a) Residence, No. Charleston Mo. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 months 18

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) Pike Co Hospital
 (STATE OR COUNTRY) Missouri

13. NAME Raymond Hunter

14. BIRTHPLACE (CITY OR TOWN) Paris, Missouri
 (STATE OR COUNTRY) Pike Co Mo

15. MAIDEN NAME Willella Naxera

16. BIRTHPLACE (CITY OR TOWN) Pike Co
 (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Raymond Hunter
 (ADDRESS) Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Charleston Mo DATE Sept-12 1932

19. UNDERTAKER M. L. Londa
 (ADDRESS) Charleston Mo

20. FILED 9-11 1932
J. J. Bennett Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-1-32, 19....., to 9-10-32, 1932
 I last saw her alive on 9-10-1932 Death is said to have occurred on the date stated above, at 2:24 m.

The principal cause of death and related causes of importance were as follows:
Interruption Date of onset _____
122B
1195 / 2 2 13

Other contributory causes of importance:
Acute Cholecystitis ①

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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 Colic
 (Signed) Reynolds, Mo M. D.
 (Address) Reynolds, Mo

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