

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

Do not use this space.

35125

File No. \_\_\_\_\_  
Registered No. 138  
St. 3rd Ward

**PLACE OF DEATH**

County Clay  
Township Fishing River  
City Excelsior Springs, Mo (No. U.S. Veterans Hospital)

Registration District No. 194  
Primary Registration District No. 2011

**2. FULL NAME** Chester Hunter

(a) Residence, No. U.S. Veterans Hospital, Excelsior Springs, 423 North Hocker, Independence Mo  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mins.  
45 45 ? ?

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Robert Hunter

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

MOTHER 15. MAIDEN NAME Emma Gates

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

17. INFORMANT Hospital Records, Veterans Hospital  
(ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lexington, Mo. DATE 11-11-32

19. UNDERTAKER John C. Prather  
(ADDRESS) Excelsior Springs, Mo.

20. FILED Nov. 11 19 32 J. C. Prather  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1932, to Nov. 10, 1932

I last saw him alive on Nov. 10, 1932. Death is said to have occurred on the date stated above, at 12:37 A.M.

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

Nephritis, chr.

Date of onset

Other contributory causes of importance:

Uremia

Mitral Stenosis

Passive congestion of lungs

Aortic & Carotid Aneurysms

Name of operation NONE Date of \_\_\_\_\_

What test confirmed diagnosis? Physical Examination 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 Unknown  
(Signed) John C. Prather, M. D.  
(Address) Excelsior Springs, Mo.

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.

