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.

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

Do not use this space.

✓ 37897

File No. .....

Registered No. 10606

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 5A003

City St Louis Mo (No. City Hospital 2 St. ..... Ward)

2. FULL NAME Mason Hunt

(a) Residence, No. 706 Pine St., 25 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col
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): Unknown

7. AGE: abt. 58 YEARS | MONTHS — | DAYS — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. Carter 245

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): Miss 2

FATHER

13. NAME: Ben Hunt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): S. C. 8

MOTHER

15. MAIDEN NAME: Sarah Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

17. INFORMANT (ADDRESS): Gertrude Creath City Hospital 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis DATE 11-30-32

19. UNDERTAKER (ADDRESS): W. Rutter 3800 Rutger

20. FILED NOV 30 1932 Max C. Starkey Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-22-, 1932, to 11-26-, 1932

I last saw him alive on 11-26-, 1932. Death is said to have occurred on the date stated above, at 5:40 m.

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

	Date of onset
Granuloma Inguinale	yr

Other contributory causes of importance:

138 / 138

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Lab 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) P. G. Robinson, M. D.

(Address) City Hospital 2