Rose

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

Do not use this space.

File No. 39385

Registered No.

1. PLACE OF DEATH

41 County Harrison — Registration District No. 340

Township Dallis — Primary Registration District No. 340 2

City Martinsville (No. ..., ... St. ..... Ward)

2. FULL NAME Columbia Young Hunter

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

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF — Analisa Hunter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17-1855

7. AGE: YEARS 77 — MONTHS 5 — DAYS 13 — 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. Farmer

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) Harrison Co Mo

FATHER

13. NAME William Hunter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Mo 31

MOTHER

15. MAIDEN NAME Luisa Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

17. INFORMANT (ADDRESS) Alva Hunter Martinsville

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lone Star DATE Dec 31 1932

19. UNDERTAKER (ADDRESS) W G Noble New Hampton Mo

20. FILED Jan 10 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30 1932 to Dec. 30 1932

I last saw him alive on Dec 30 1932. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

	Date of onset
Chronic Nephritis	1 year before
131	
132B	
131	
Other contributory causes of importance:	
Uremia	5 days
(1)	

Name of operation none Date of

What test confirmed diagnosis? Clin 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? no

If so, specify

(Signed) Frank H Rose, M. D.

(Address) Albany, Mo.

WHITE 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.

JAN 23 1933