

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.

MAK 24 1933

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

Do not use this space.

**1. PLACE OF DEATH**

3 County Aitchison Registration District No. 19  
Township Burton Primary Registration District No. 3-0-24  
City (No. ....) St. .... Ward)

File No. .... 70  
Registered No. .... 70

**2. FULL NAME**

John Walter 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 Male 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 29 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
76 1

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Rancher  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aitchison Mo

10. NAME OF FATHER James Hunter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Elizabeth McKey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Novi Scotia

14. INFORMANT Don Bailey (Address) Langerden Mo

15. FILED 1-30, 1933 Mary G. Chamberlain REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1933 to Jan 30 1933 that I last saw him alive on Jan 30 1933, and that death occurred, on the date stated above, at 9:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Prostatitis  
12 1/2 (duration) 2 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Wyoming

DID AN OPERATION PRECEDE DEATH? No DATE OF -

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Don Hunter M. D.

1-30, 1933 (Address) Farmington Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Elm Wood Cemetery Feb 2 1933

20. UNDERTAKER ADDRESS  
W. C. Burham Rock Port Mo

