

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.

5348

1. PLACE OF DEATH
 38 County Montgomery Registration District No. 313
 Township Wentzville Primary Registration District No. 5453
 City Wentzville (No. _____) St. _____ Ward _____

2. FULL NAME William Sterling Hunter
 (a) Residence, No. Wentzville, Mo. 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) January 8, 1933

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	0	0	15	

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) (STATE OR COUNTRY) Wentzville, Mo.

13. NAME F. D. Hunter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentzville, Mo.

15. MAIDEN NAME Lura Pool

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darlington, Mo.

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cem. DATE Feb. 3, 1933

19. UNDERTAKER (ADDRESS) Clifford Brooks, Albany, Mo.

20. FILED 2-5 1933 W. A. Quarry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1933

22. I HEREBY CERTIFY, that I attended deceased from Feb. 1, 1933, to Feb. 2, 1933
 I last saw him alive on _____, 1933 Death is said to have occurred on the date stated above, at 7:15 P. m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
Influenza
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) C. J. Gray M. D.
 (Address) Albany, Mo.

OFFICE OF THE ATTORNEY GENERAL
STATE OF TEXAS

THE STATE OF TEXAS,
COUNTY OF _____

Know all men by these presents, that _____

of the County of _____ State of Texas,

do hereby certify that _____

is the true and correct copy of _____

as the same appears from the records of _____

in _____
