

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

Do not use this space.

8498

**1. PLACE OF DEATH**

County Boone  
Township Leadwell  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 71  
Primary Registration District No. 5-110A

File No. \_\_\_\_\_  
Registered No. 11  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Belford A. D. Hunt

(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 <u>male</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 15, 1933</u>		
7. AGE	YEARS	MONTHS
<u>✓</u>	<u>✓</u>	<u>✓</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>✓</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>✓</u>
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co. Missouri</u>		
13. NAME <u>Belford A. D. Hunt</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Asheboro Georgia</u>		
15. MAIDEN NAME <u>Minnie C. Kress</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oklahoma Okla</u>		
17. INFORMANT (ADDRESS) <u>Clavin Allan Hunt</u> <u>Washburn Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washburn</u> DATE <u>Mar 16 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Asheboro Washburn Mo</u>		
20. FILED <u>Mar 16 1933</u> <u>A. J. Nichol</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1933, 1933.  
I last saw him alive on Mar 15, 1933. Death is said to have occurred on the date stated above, at 4:30 m. 1:15 a.m.  
The principal cause of death and related causes of importance were as follows:  
Premature Birth.  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
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Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) A. J. Nichol, M. D.  
(Address) Washburn Mo

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.

MARGIN RESERVED FOR BINDING

S. NO. 2

APK  
1933

