

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township
City Pleasant Hill (No.)

Registration District No. 157
Primary Registration District No. 4091

File No. 815947
Registered No. 14
St. Ward)

2. FULL NAME

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milkman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Flower Mill

10. Date deceased last worked at this occupation (month and year) May 1933 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Mo.

13. NAME Wm. Hunt

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

15. MAIDEN NAME Nancy Boone

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

17. INFORMANT W. M. Hunt (ADDRESS) Pleasant Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE May 16 1933

19. UNDERTAKER W. M. Hunt (ADDRESS) Pleasant Hill

20. FILED May 15 1933 J. G. Munay, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1932 to May 14, 1933

I last saw him alive on May 14, 1933 Death is said

to have occurred on the date stated above, at 12:00 p.m.

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

Hemorrhage from ~~Brain~~ Colon.

Date of onset 5/11

Other contributory causes of importance: Chronic ulcerative Colitis

Name of operation Date of
What test confirmed diagnosis? L 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) J. G. Munay, M. D.
(Address) Pleasant Hill, Mo.

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.

JUN 21 1933

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