

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.

1933 JUN 21

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

Do not use this space.

19117

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125
 Township _____ Primary Registration District No. 3909
 City Cape Girardeau (No. Southern Mo. Hospital) St. _____ Ward _____

2. FULL NAME Conard Hunter
 (a) Residence, No. White water Mo. 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.

File No. _____
 Registered No. 158

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Cauc 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) MARCH 15 - 1916

7. AGE YEARS 17 MONTHS 3 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/30 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/25 1933 to 6/29 1933
 I last saw him alive on 6/30 1933 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
typhoid fever
 Date of onset 6/10/33

Other contributory causes of importance: ✓

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

13. NAME R. N. Hunter

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

15. MAIDEN NAME Elizabeth Hampton

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

17. INFORMANT (ADDRESS) R. N. Hunter White water Mo

18. BURIAL, CREMATION, OR REMOVAL white water Mo
Theological Cemetery DATE 7-1-1933

19. UNDERTAKER (ADDRESS) Walter Howell Cape Girardeau

20. FILED 7-1-1933 W. C. Thompson Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? Widal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) O. L. Schmitt, M. D.
 (Address) Cape Girardeau

