

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

Do not use this space.

19195

1. PLACE OF DEATH

2. County Christian Registration District No. 185
 Township Sparta Primary Registration District No. 5228
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Loggie 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 Female 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 Frank Hunter
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14th 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 10 17
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1st 1933
 17. I HEREBY CERTIFY, That I attended deceased from Nov 1 - 1932 to May 31, 1933, that I last saw her alive on May 31, 1933, and that death occurred, on the date stated above, at _____ A.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Cervix
46 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.
 18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

9. BIRTHPLACE (CITY OR TOWN) Person (STATE OR COUNTRY) _____
 10. NAME OF FATHER Joseph Banks
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Person (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Deborah Ewert
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Person (STATE OR COUNTRY) _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Phys ex
 (Signed) _____, M. D.
6/1, 1933 (Address) H. J. Wason

14. INFORMANT Rex Watts (Address) Sparta Mo
 15. FILED 7-2-33 Mrs. L. B. Plenum REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Shiloh Cemetery DATE OF BURIAL June 2 19 33
 20. UNDERTAKER Rathburn & Cheffins ADDRESS Sparta 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.

JUL 21 1933

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