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

Do not use this space.

File No. 27543

Registered No. 81

1. PLACE OF DEATH

County Mo Registration District No. 288

Township Webster Grove Primary Registration District No. 4471

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Dillie Hunt

(a) Residence. No. 654 Holland ave 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.

SEP 26 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Colored Female	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/25/1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	59	7	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) — —
(c) Name of employer — —

9. BIRTHPLACE (CITY OR TOWN) Michigan City
(STATE OR COUNTRY) Miss

PARENTS

10. NAME OF FATHER Bob Woodson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Amelia Wilton
(Address) 654 Holland ave

15. FILED 8/15, 1933 D. A. W. Wettrup
T. Calvert REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-7 1933

17. I HEREBY CERTIFY, That I attended deceased from July 5th, 1933, to July 7, 1933, that I last saw h alive on July 7, 1933, and that death occurred, on the date stated above, at 1:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
Yrs
Mos
Ds (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Hughes Blood Arsenic (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Webster Groves
IF NOT AT PLACE OF DEATH Holland ave Webster Groves
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Bacteriologic
(Signed) C. E. Overelly, M. D.
, 19 (Address) 2916 E. Kirkham Webster Groves

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. N/A

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Father Dickroy Cem. DATE OF BURIAL 8-16 1933

20. UNDERTAKER Ellis Funeral Home ADDRESS 2820 Stoddard St.

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.