

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

Do not use this space.

23096

1. PLACE OF DEATH

24 County Clay Registration District No. 198
 2 Township Fishing River Primary Registration District No. 3011
 4 City Excelsior Springs, Mo. Veterans Hospital

File No. _____
 Registered No. 119
 St. 3rd Ward)

4 FULL NAME HUNTER, Roy

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. 2042 N. Water, K. C. Ks.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
38 5 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
 10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

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

13. NAME James Hunter

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

15. MAIDEN NAME Sarah Cato

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

17. INFORMANT Hospital Records, Vet. Adm.
 (ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, KS. DATE 9-11-33, 19

19. UNDERTAKER Herbert Hope
 (ADDRESS) Excelsior Springs, Mo.

20. FILED 9/11, 1933 yr. Ordover
 Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1933, 1933, to Sept. 9, 1933

I last saw him in Sept. 9, 1933, 1933. Death is said to have occurred on the date stated above, at 11:05 PM

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

Aortic stenosis, aortic regurgitation Date of onset
Mitral stenosis, mitral regurgitation

Other contributory causes of importance:
Arterio sclerosis general

Name of operation none Date of _____

What test confirmed diagnosis? Exam & obs. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? XX Date of injury _____, 1933

Where did injury occur? XX
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. XX

Manner of injury XX XX
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so specify unknown

(Signed) Garrett V. Johnson M. D.
 (Address) Excelsior Springs, 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.

OCT 20 1933

23

