

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

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

Do not use this space.

29967

1. PLACE OF DEATH

County Jasper Registration District No. 406  
Township Libongrave Primary Registration District No. 5560  
City Waco (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 23

2. FULL NAME

Homer Howard Hunter

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Theris Hunter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 28 1879</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>5</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Agent J &amp; P Ry Co.</u>	
	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) <u>Sept 15 1933</u>	11. Total time (years) spent in this occupation <u>10 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Novelty Mo.</u>		
FATHER	13. NAME <u>J. F. Hunter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Novelty Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Hunsader</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty Ill.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Theris Hunter Waco Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Open Memorial Park</u> DATE <u>Sept 29 1933</u>		
19. UNDERTAKER (ADDRESS) <u>C. B. Doney Care of Mrs. Doney</u>		
20. FILED <u>Sept 28 1933</u> <u>C. B. Doney</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 8:30 AM to Sept 24 1933  
I last saw him alive on Sept 20 1933 Death is said to have occurred on the date stated above, at 9 a.m.  
The principal cause of death and related causes of importance were as follows:  
Dysphagia  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) C. B. Doney, M. D.  
(Address) Waco Mo.

