

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

Do not use this space.

33683
714.

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Marion Primary Registration District No. 3079
 City Hannibal (No. 7) Revering Hospital St. _____ Ward _____

2. FULL NAME

Harry H. Hunstock
 (a) Residence, No. 315 North 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 29, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
72 2 1

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

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

13. NAME George Hunstock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Germany

15. MAIDEN NAME Johanna Saul

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Germany

17. INFORMANT Miss Francis Hunstock (ADDRESS) 315 North Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Revering DATE 11-1- 1933

19. UNDERTAKER Wm M Smith (ADDRESS) 902 1/2 Broadway, Hannibal, Mo.

20. FILED 11-1- 1933 White Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 8-2 1933 to 10-30 1933

I last saw him alive on 10-30 1933 Death is said

to have occurred on the date stated above, at 8:45 a.m.

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

Coronary arterio-sclerosis Date of onset 1931

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Other contributory causes of importance:

Coronary thrombosis Aug 1933

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify _____

(Signed) Francis Hunstock M. D.

(Address) Hannibal Mo

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.

JAN 4 1934

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