

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

Do not use this space.

40720

1934 JAN 26

1. PLACE OF DEATH

County Marion Registration District No. 5247 File No. _____
 Township Mason Primary Registration District No. 3079 Registered No. 368
 City Hannibal (No. _____) Revering Hospital St. _____ Ward _____

2. FULL NAME

Albert William 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 (widow)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hunstock
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 25, 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 10 12

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

FATHER 13. NAME George H. Hunstock
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Germany

MOTHER 15. MAIDEN NAME Johanna Gaul
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Germany

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

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Olivet DATE December 19, 1933

19. UNDERTAKER Wm M Smith
 (ADDRESS) 901 Brady, Hannibal, Mo.

20. FILED Dec 12 1933 R. H. Shuster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 3rd 1933 to Dec 7 1933
 I last saw him alive on Dec 7, 1933 Death is said to have occurred on the date stated above, at 5:05 p.m.
 The principal cause of death and related causes of importance were as follows:

Ca of Prostate
metastatic ca to lower lumbar spine
 Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Chc & bt 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? _____
 If so, specify _____
 (Signed) J. P. Richman M. D.
 (Address) 1001 Brady Hannibal Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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