JAN 26 1934

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

Do not use this space.

42432

1. PLACE OF DEATH
113 County Worth — Registration District No. 903 — File No.
Township Fletchall — Primary Registration District No. 6212 — Registered No. 40
City Grant City Mo. (No. ..... St. ..... Ward)

2. FULL NAME Samuel Hunter

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Elizabeth Hunter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1847

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
86	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Aug. 1933 — 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zanesville Ohio

FATHER
13. NAME Richard Hunter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know England

MOTHER
15. MAIDEN NAME Mrs Rumsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know England

17. INFORMANT Mrs. Frank Hart (ADDRESS) Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grant City, Mo. DATE 12/3 19 33

19. UNDERTAKER Jack C. Dunkle (ADDRESS) Grant City Mo

20. FILED 1-3 19 34 John Andrees Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 19 33

22. I HEREBY CERTIFY, That I attended deceased from Aug 9-10 19 33, to Dec 1 19 33
I last saw him alive on Dec 1 19 33 Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis.	

92 B 43 101

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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) P. Hart, M. D.
(Address) Grant City 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD