

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

Do not use this space.

FEAR 24 1934

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. St. Joseph, Hosp.) _____ St. _____ Ward _____

File No. 4051
Registered No. 218

2. FULL NAME William H Hundly

(a) Residence, No. 509- So. 18th. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 34, 19

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1934, to Feb 23, 1934
I last saw him alive on Feb 22, 1934 Death is said to have occurred on the date stated above, at 7:45 A. M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 2 6

Anginal shock. Date of onset 1934

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.

1934
1934
Other contributory causes of importance: hypertrophied prostate stone in bladder.

12. BIRTHPLACE (CITY OR TOWN) Boone (STATE OR COUNTRY) Mo

Name of operation Prostatectomy & cystectomy Date of Feb 23 1934
What test confirmed diagnosis? _____ Was there an autopsy? No

13. NAME James Hundly

14. BIRTHPLACE (CITY OR TOWN) York (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) York (STATE OR COUNTRY) Mo.

17. INFORMANT Mary Hundly (ADDRESS) 509- So. 18th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE Feb. 26, 34

19. UNDERTAKER Ramsey Mortuary (ADDRESS) 9th. & Olive

20. FILED 6-133 John P. Reide Registrar.

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) Charles Greenberg, M. D.
(Address) 2-2412 St Joseph 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.

Handwritten text at the top of the page, possibly a title or header, which is mostly illegible due to blurring and high contrast.

Main body of handwritten text, consisting of several lines of cursive script. The text is extremely faint and difficult to decipher, appearing as a series of dark, irregular shapes against a light background.