

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

Do not use this space.

MAR 24 1934

6124

1. PLACE OF DEATH

County Putnam

Registration District 5

718

Township

Primary Registration District No.

6430

City Unionville

(No)

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

married

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

J. D. Hynes

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

Sept 24 - 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

69

4

9

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

Home work

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)

Missouri

13. NAME

Edward J. Carter

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

Ohio

15. MAIDEN NAME

Margie Dial

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

Missouri

17. INFORMANT (ADDRESS)

Illa McDonald Unionville Mo 64307

18. BURIAL, CREMATION, OR REMOVAL

PLACE

West Liberty DATE Feb 4 1934

19. UNDERTAKER (ADDRESS)

F. O. Husted & Son Unionville Mo

20. FILED

Feb 3

1934

N. W. Hill Registrar

12 MEDICAL CERTIFICATE OF DEATH

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

Feb 3 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan 11 1934, to Feb 3 1934

I last saw him alive on Feb 3 1934. Death is said

to have occurred on the date stated above, at 8:30 p. m.

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

Cerebral hemorrhage  
82A apoplexy  
82B  
82C

Date of onset  
Jan 11 1934

Other contributory causes of importance  
General arteriosclerosis  
1924

23. 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) I. M. D.

(Address) Unionville 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.

