

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

Do not use this space.

9782

APR 25 1934

1. PLACE OF DEATH

County Montgomery Registration District No. 5-99
Township Beat Creek Primary Registration District No. 5-797A
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 6

2. FULL NAME

James William 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Mary Belle Hunter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 18 - 1872</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>5</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Middletown Mo</u>		
13. NAME <u>William R. Hunter</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Minneapolis</u>		
15. MAIDEN NAME <u>Mary A. Hunter</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Middletown</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Mary Belle Hunter Josephsburg Mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Josephsburg Mo</u> DATE <u>3-13</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>C. M. Thompson Josephsburg Mo</u>		
20. FILED <u>Mar 15</u> 19 <u>34</u> <u>E. A. Boel</u> Registrar.		

(2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17 1934

2. I HEREBY CERTIFY, That I attended deceased from Mar-3 1934, to Mar 17 1934
I last saw him alive on Mar 12 1934. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset 3-2-34
Influenza 2-20-34

Other contributory causes of importance:
None

Name of operation _____ 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? _____
If so, specify _____
(Signed) James O. Nelson, M. D.
(Address) New Florence 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

