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

Do not use this space.

File No. 20646

Registered No. 2012

1. PLACE OF DEATH
County: Jackson
Township: Kansas
City: Kansas City Mo (No. 2730 Askew St. Ward)
Registration District No.: 3 3 2
Primary Registration District No.: 3 3 2

2. FULL NAME: Albert Milo Hunter
(a) Residence, No. 2730 Askew St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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 (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 6 - 1852

7. AGE: Years 82 Months 3 Days 27 If LESS than 1 day, ...hrs. or ....min.

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.: Farmer
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): Ohio

FATHER
13. NAME: John F. Hunter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York State

MOTHER
15. MAIDEN NAME: Maney Holcolb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs Allie M. Cunningham 2730 Askew

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Washington DATE: June 28 1934

19. UNDERTAKER (ADDRESS): Wagner Funeral Home Inc - Wyandotte 34

20. FILED 6-27-1934 M. M. Crane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 26, 1934

22. I HEREBY CERTIFY That I attended deceased from Nov 29, 1933, to June 26, 1934
I last saw him alive on June 25, 1934. Death is said to have occurred on the date stated above, at 9:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with arterial hypertension	
Nephrosclerosis chronic	1932
93C	
97A	
94	

Other contributory causes of importance:

Bronchopneumonia	6/22/34

93C

Name of operation: none 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? No
If so, specify
(Signed) James E. Blowers, M. D.
(Address) Kansas 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