

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.

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AUG 14 1924

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

Do not use this space.

1. PLACE OF DEATH

County Cass Registration District No. 157
Township..... Primary Registration District No. 4091
City Pleasant Hill (No.) St. Ward)

File No. 9 23647
Registered No. 24

2. FULL NAME Bertie Hunt

(a) Residence, No. 316 N. Broadman St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 7 1862</u>		
7. AGE	YEARS	MONTHS
	<u>72</u>	<u>9</u>
		DAYS
		<u>15</u>
	If LESS than 1 day, hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house keep</u>
	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) <u>May 15</u>
	11. Total time (years) spent in this occupation <u>life</u>

12. BIRTHPLACE (CITY OR TOWN) Cass, Ohio
(STATE OR COUNTRY)

13. NAME Irene Hunt

14. BIRTHPLACE (CITY OR TOWN) Cass, Ohio
(STATE OR COUNTRY)

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) Not known
(STATE OR COUNTRY)

17. INFORMANT Irene Hunt
(ADDRESS) Pleasant Hill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill DATE July 27, 1924

19. UNDERTAKER W. W. ...
(ADDRESS) ...

20. FILE July 23, 1924 F. V. Murray, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1924
22. I HEREBY CERTIFY, that I attended deceased from June 14, 1924, to July 22, 1924
I last saw her alive on July 22, 1924. Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset June 14, 24
Essential Hypertension
Arteriosclerosis

Other contributory causes of importance:
Essential Hypertension
Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? C 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) F. V. Murray, M. D.
(Address) Pleasant Hill, Mo.

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