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.

8

SEP. 11 1934

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

Do not use this space.

1. PLACE OF DEATH
County Benton
Township ~~White~~
City Ionia (No. ..... , ... St. ..... Ward)

Registration District No. 60
Primary Registration District No. 5095

File No. 28280
Registered No. 19

2. FULL NAME Mrs. Henry Hunt

(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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27 1891

7. AGE: YEARS 43 | MONTHS 4 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. House wife
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) Trafoe Mo.

FATHER
13. NAME Jacob Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont know Mo.

MOTHER
15. MAIDEN NAME Rebecca Jane Meddlin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont know Mo.

17. INFORMANT (ADDRESS) Theo E. Frownfelter Ionia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ionia Christian Cemet DATE Aug. 10 1934

19. UNDERTAKER (ADDRESS) J. B. Calbert Lincoln Mo

20. FILED Sep. 8 1934 Mrs. Amy K. Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 th 1932, to Aug. 10th 1934
I last saw her alive on Aug. 8th 1934. Death is said to have occurred on the date stated above, at 2:30A. m.
The principal cause of death and related causes of importance were as follows:

Valvular Lesion

Date of onset

Other contributory causes of importance:

Name of operation no 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? no 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) Harry Bay M. D.
(Address) Cole Camp, Missouri

AUG 14 1958