

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

Do not use this space.

NOV 10 1934

35809

1. PLACE OF DEATH
 40 County Grundys Registration District No. 328
 4 Township _____ Primary Registration District No. 3017
 7 City Frankton (No. _____ St. _____ Ward _____)

2. FULL NAME Martha Jane Hunt
 (a) Residence, No. E. 8th St St. 1 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 - 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>85</u>	<u>5</u>	<u>19</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

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) Randolph Co Mo

13. NAME Joseph Lewis

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

15. MAIDEN NAME Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Joe Lewis
 (ADDRESS) Frankton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE A. F. & M. Cem DATE Nov 1st 1934

19. UNDERTAKER Hughes Funeral Home
 (ADDRESS) Frankton Mo

20. FILED 10-31 1934 Frene D Fair
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31st 1934

22. I HEREBY CERTIFY, That I attended deceased from March 5 1934 to Oct 31 1934
 I last saw him alive on March 5 1934. Death is said to have occurred on the date stated above, at 12:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
131
97
121
 Other contributory causes of importance:
Chronic Interstitial nephritis
 Date of onset Several yrs.
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ 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) E. A. Duffly M. D.
 (Address) Frankton Mo

CAUSE OF DEATH in plain terms, so that it may be properly certified.

