

OCT 12 1834

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

Do not use this space.

36559

1. PLACE OF DEATH

County Lincoln  
Township \_\_\_\_\_  
City Troy (No. \_\_\_\_\_)

Registration District No. 491  
Primary Registration District No. 4298

File No. \_\_\_\_\_  
Registered No. 34  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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>Female</u>	4. COLOR OR RACE <u>White</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>Charles Hunkstep</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15-1874</u>		
7. AGE	YEARS	MONTHS
	<u>60</u>	<u>3</u>
		<u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</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)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Mo</u>		
13. NAME <u>James M. Wally</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Hope Mo</u>		
15. MAIDEN NAME <u>Anna Ke Roth</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burr Oak Mo</u>		
17. INFORMANT (ADDRESS) <u>Charles Hunkstep</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Cemetery Mo</u> DATE <u>Oct 8 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Kempner Bros Troy Mo</u>		
20. FILED <u>10-81</u> 19 <u>34</u> <u>W. P. Luita</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1934, to Oct 6, 1934  
I last saw him alive on Oct 6, 1934 Death is said to have occurred on the date stated above, at 3:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
chronic hepatitis  
131  
131  
Other contributory causes of importance: 131

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) H. S. Morris, M. D.  
(Address) Troy Mo

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.

