

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

Do not use this space.

JAN 14 1935

1. PLACE OF DEATH

County ADAIR Registration District No. 4
Township PETTIS Primary Registration District No. 5007
City NINE MILE S WEST OF KIRKSVILLE MO St. _____ Ward _____

File No. 41830
Registered No. 236

2. FULL NAME Nina May HUNSACKER, INFANT OF EMMETT HUNSACKER

(a) Residence, No. NINE MILE S W. KIRKSVILLE MO 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) CHILD

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12.15, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from December 14, 1934, to December 14, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nec 5, 1934

I last saw her alive on Dec 14, 1934. Death is said to have occurred on the date stated above, at 1:30 A. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10

The principal cause of death and related causes of importance were as follows:

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

measles Date of onset _____

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

(Born with measles)

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) R. R. KIRKSVILLE MO

Name of operation _____ Date of _____

13. NAME EMMETT HUNSACKER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ADAIR CO MO

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME RACKIL LOCKHART
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ADAIR CO MO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

17. INFORMANT Second Jones
(ADDRESS) R. R. KIRKSVILLE MO

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL
PLACE HILLARD CEMETERY DATE 12.16th 1934

Manner of injury _____
Nature of injury _____

19. UNDERTAKER Davis & Wilson
(ADDRESS) KIRKSVILLE MO

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

20. FILED Dec 15, 1934

(Signed) R. R. Ellis, M. D.
(Address) Kirkville, Mo.

Registrar.

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Adair
Township Delia
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 4
Primary Registration District No. 5007

File No. _____
Registered No. 236

2. FULL NAME

Nona May Hunsacker

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:

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.
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Date of onset _____
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

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

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

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? _____
If so, specify _____

(Signed) _____, M. D.
(Address) _____

20. FILED Dec 15, 1934 Spencer Freeman
Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOT COMPLETED

JAN 25 1935

S-41830