

FEB 25 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County HoltRegistration District No. 372

Township

Primary Registration District No. 4213City Biglow Mo. (No. ....)

St. .... Ward)

File No. 1058Registered No. 8092. FULL NAME Dora Riley 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. 1 mos. 1 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lincoln A. Hunt6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 18687. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
66 66 1 268. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Biglow (STATE OR COUNTRY) Missouri13. NAME Peter Riley14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)15. MAIDEN NAME Lydia Miller Riley16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)17. INFORMANT (ADDRESS) Henry Hunt

18. BURIAL, CREMATION, OR REMOVAL

PLACE Benton DATE Jan 17 193519. UNDERTAKER Dempsey Funeral Home (ADDRESS) Marshall Mo20. FILED Jan 17 1935 J. O. S. ... Registered

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1935I HEREBY CERTIFY that I attended deceased from Jan 2 1935 to Jan 15 1935I last saw him alive on Jan 15 1934 Death is saidto have occurred on the date stated above, at 1230 P.M.

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

Carcinoma of gall bladder

Date of onset

Other contributory causes of importance: 4/10

Name of operation .....

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? .....

Date of injury .....

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. E. ... M. D.(Address) Woundlitz Mo

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.

