

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

Do not use this space.

MAR 20 1935

5258

1. PLACE OF DEATH

County Jackson Registration District No. 300  
Township Kennett Primary Registration District No. 5  
City Kansas City (No. St. Lukes Hospital) St.          Ward         

2. FULL NAME

William N. Hunter  
(a) Residence, No. 3108 Linwood St.,          Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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 male 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 Mattie C. Hunter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-6-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 8 6

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

13. NAME Weldon S. Hunter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Nancy Griffith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT E. W. Hunter  
(ADDRESS) 4109 Linwood

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wd. Washington DATE 2/4 1935

19. UNDERTAKER Stine & McClellan N. Co.  
(ADDRESS) 3235 William Plaza W. C. Mo.

20. FILED 2/3 1935 M. M. Crowe cash  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16 1935 to Feb. 2 1935  
I last saw him alive on 2/2 1935 Death is said to have occurred on the date stated above, at 6 P. m.

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

Chc. Nephritis | 21 | Jan 1935  
Myocardial Insufficiency | 2/2 | 1935  
Other contributory causes of importance:  
Hypertrophied Prostate

Name of operation Prostatectomy Date of 2/2/35  
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?  
If so, specify           
(Signed) E. W. Hunter, M. D.  
(Address) 160 Professional Bldg.

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.

Dr. G. H. ...  
3927 Warwick Blvd We 6114

APR 7 1955