Monroe

Do not use this space.

13851

APR 22 1935

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

1. PLACE OF DEATH

County: Pettis — Registration District No. 665 — File No. 127

Township: — Primary Registration District No. 3032 — Registered No. 668

City: Sedalia (No. ..., ... St. ..... Ward)

2. FULL NAME: Charles Hunter

(a) Residence, No. 2401 E 12th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Emma Hunter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 11, 1875

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
59	11	1	

OCCUPATION

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: James Hunter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Ella James

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Mrs. Emma Hunter
(ADDRESS) Sedalia, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: Apr. 13, 1935

19. UNDERTAKER: Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED 4-12-, 1935 Jean Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-2, 1935, to 4-12, 1935

I last saw him alive on 4-11, 1935. Death is said to have occurred on the date stated above, at 3 a.m.

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

	Date of onset
Bronchopneumonia	
Flu	

Other contributory causes of importance:

Splenic Leukemia	

Name of operation: none Date of

What test confirmed diagnosis? C + Path. 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) Alfred O. Thomas, M. D.

(Address) 111 W 4 Sedalia 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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD