

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

Do not use this space.

17563

1. PLACE OF DEATH

County St. Francois
Township Iron
City.....(No.....)

Registration District No. 771
Primary Registration District No. 6017

File No.....
Registered No.....
St.....Ward.....

2. FULL NAME

(a) Residence, No. John F. Hunge St. Hunge Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louisa Schaefer Hunge
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 18

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

FATHER 13. NAME John F. Hunge

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

MOTHER 15. MAIDEN NAME Fredenka Bauer

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

17. INFORMANT (ADDRESS) John Hunge
711 Biemard, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Burial DATE 5/6 1935

19. UNDERTAKER (ADDRESS) Waidert and Co
Farmington, Mo

20. FILED May 12 1935 E. M. Bryan, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1934, to May 4, 1935
I last saw him alive on May 4, 1935 Death is said to have occurred on the date stated above, at 3:45 a.m.

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

Arteriosclerosis
Date of onset
Other contributory causes of importance:

Name of operation..... Date of.....
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? No
If so, specify.....
(Signed) A. W. Gale, M. D.
(Address) Biemard, Mo

