

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

Do not use this space.

20065

JUL 23 1935

1. PLACE OF DEATH

County Jasper
Township.....
City Carthage (No. St. Ward)

Registration District No. 408
Primary Registration District No. 3020

File No.....
Registered No.....

2. FULL NAME

Paul Eugene Hunter
(a) Residence, No. Route 4 St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 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 Divorced
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1901

7. AGE YEARS 34 MONTHS 0 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Carthage (STATE OR COUNTRY) Missouri

13. NAME James Eugene Hunter

14. BIRTHPLACE (CITY OR TOWN) Fairfield (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Marion Salmer

16. BIRTHPLACE (CITY OR TOWN) Manon (STATE OR COUNTRY) Ohio

17. INFORMANT Robert Hunter (ADDRESS) Route 4 - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cemetery DATE June 15, 1935

19. UNDERTAKER Fuller Mortuary (ADDRESS) Carthage Mo.

20. FILED June 13, 1935 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1935, to _____, 19____. I last saw him alive on June 13, 1935. Death is said to have occurred on the date stated above, at 2 P. m.

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

Cerebral hemorrhage
3rd attack
1932 - 1934 & Jan 1935

Other contributory causes of importance _____

Name of operation None 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 _____, 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) Ernest J. Medley, M. D.
(Address) Carthage 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.

OCCUPATION 29.00
FATHER 29.00
MOTHER 29.00

