

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.

JUL 22 1935

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

Do not use this space.

20095

1. PLACE OF DEATH

County Jasper

Registration District No. 4091

Township

Primary Registration District No. H242

City L. Preswieg (No.)

File No.

Registered No. 11

St. Ward

2. FULL NAME

Mrs. Sarah Adela Hunter

(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 20 yrs. — mos. — 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard M. Hunter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 1888

7. AGE YEARS 47 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. at home

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) Cook Junction Missouri

13. NAME Butler Mullins

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

15. MAIDEN NAME Jane Martin

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

17. INFORMANT (ADDRESS) Richard M. Hunter

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. City Cem. DATE June 23 1935

19. UNDERTAKER (ADDRESS) Mt. City Chas. Co.

20. FILED 6/22/35 W. J. Gaddis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1935 to June 20, 35 , 19...
I last saw her alive on June 20, 1935 , 19... Death is said to have occurred on the date stated above, at 7:45 m.

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

Killed out by a bolt of lightning accidentally

Date of onset 30th

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury June 20, 1935

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) W. J. Gaddis , M. D.
(Address)

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