

387 2 3 1935

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

Do not use this space.

29614

1. PLACE OF DEATH

County Jackson  
Township Ball  
City Manzassie (No. 5606 Tracy)

Registration District No. 335  
Primary Registration District No. R U J

File No. \_\_\_\_\_  
Registered No. 3500  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 5606 Tracy Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella O. Hunt  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15-1865  
7. AGE YEARS 70 MONTHS 7 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1935  
22. I HEREBY CERTIFY, That I attended deceased from July 9, 1935 to Sept 17, 1935  
I last saw him alive on 9/13/35, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:15 a.m.  
The principal cause of death and related causes of importance were as follows:

OCCUPATION 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. Jones Dry Good Co  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation. 30 yrs

Date of onset \_\_\_\_\_  
Carcinoma of neck & stomach (Primary)  
Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo  
13. NAME Lewis F. Hunt  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky  
15. MAIDEN NAME Mary G. Casan  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Biopsy Was there an autopsy? No

17. INFORMANT (ADDRESS) Ella O. Hunt 5606 Tracy  
18. BURIAL, CREMATION, OR REMOVAL PLACE Blunwood DATE Sept 19, 1935

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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.

19. UNDERTAKER (ADDRESS) Caylor Funeral Home 721 N. E. 3rd  
20. FILED Sept 18, 1935 M. M. Brown Registrar.

Manner of injury ✓ Nature of injury ✓  
24. Was disease or injury in any way related to occupation of deceased? No  
(Signed) Edw. Heller M. D.  
(Address) 1010 Professor Bldg KC, Mo

Exact statement of OCCUPATION is very important.

640 W. 57 St 6318