

NOV 21 1935

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

Do not use this space.

32796
6025

1. PLACE OF DEATH

County Jackson Registration District No. 34Township Kennett Primary Registration District No. 2627 ParkCity Kennett City, Mo. (No. 2627 Park) St. _____ Ward _____

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Mary Elizabeth Hunt(a) Residence, No. 2627 Park St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Almon W. Hunt6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8-18597. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 7 9

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. Housework

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) Indiana13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. J. H. Brown (ADDRESS) 2627 Park

18. BURIAL, CREMATION, OR REMOVAL _____

19. UNDERTAKER Wm. C. Henderson (ADDRESS) 4316 E. 9th St. DATE Oct 19 193520. FILED 10-19-1935 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 193522. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1935 to Oct 17, 1935I last saw him/her alive on Oct 16, 1935 Death is said

to have occurred on the date stated above, at _____ m.

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

Carcinoma of Stomach, Primary Pyloric. Date of onset _____Other contributory causes of importance: Unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? End 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? _____

If so, specify _____

(Signed) Dr. Frank E. Henderson M.D.(Address) 4316 E 9th St.

n of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
v. B.—Every TH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
CAUSE OF

2621-1-11

Brown

St. Day