JAN 23 1936

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

Do not use this space.

36345

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas city (No. 4012 E-53rd St. ..... Ward)

2. FULL NAME Carl Harold Hunt
(a) Residence, No. 4012 E-53rd St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-22-1935
7. AGE — YEARS: — MONTHS: 2 — DAYS: 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kansas city Mo.

FATHER
13. NAME Harold A Hunt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lansing Michigan

MOTHER
15. MAIDEN NAME Wilma Juanita Barnett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines Iowa

17. INFORMANT (ADDRESS) Harold A Hunt
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Dec-21 1935
19. UNDERTAKER (ADDRESS) Dewnuveomers Sons Kansas City - Mo.
20. FILED 12/2 1935 M M Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 30 1935
22. I HEREBY CERTIFY, That I attended deceased from Nov 19 to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:
Status Thymicolymphaticus — Date of onset
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes
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) [signature], M. D.
(Address) [signature]

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.