

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

FEB 17 1936

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1. PLACE OF DEATH

County Bates
Township.....
City Adrian (No.)

Registration District No. 47
Primary Registration District No. 4027

File No.....
Registered No.....
St. Ward)

2. FULL NAME

Margaret Elizabeth Hunt

(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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 | 9 | 8

OCCUPATION 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) Ray Co Mo.

FATHER 13. NAME Louis Summers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER 15. MAIDEN NAME Charity Pippy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT Mrs. Pauline Adams (ADDRESS) Adrian Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Spring Mo. DATE Jan 12 1936

19. UNDERTAKER Claude Prichard (ADDRESS) Excelsior Spring Mo.

20. FILED Feb 10 1936 Minnie R. Smith Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11th 1936

22. I HEREBY CERTIFY, that I attended deceased from Tuesday 9, 1936 to Jan 11, 1936
I last saw him alive on Tue 7, 1936. Death is said to have occurred on the date stated above, at 12:35 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Hypertension Date of onset.....
Other contributory causes of importance: As

Name of operation..... Date of.....
What test confirmed diagnosis? Guaiacum Was there an autopsy?.....

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) J. J. [Signature], M. D.
(Address) [Signature]

