

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.

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

Do not use this space.

JAN 29 1936

4222

1. PLACE OF DEATH

County St. Louis
Township Ruth
City _____ (No. _____)

Registration District No. 845
Primary Registration District No. 6108

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Velma May 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 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 10 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop
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) Mo

FATHER 13. NAME John Chandler

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

MOTHER 15. MAIDEN NAME Jennie Tyler

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

17. INFORMANT Jess Hunt
(ADDRESS) Reeds Spring Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Reeds Spring Mo DATE Jan 5 1936

19. UNDERTAKER Bus Nettie Stults
(ADDRESS) Reeds Spring Mo

20. FILED 1/4/36 19 36 L. S. Shumate
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1936

22. I HEREBY CERTIFY That I attended deceased from Dec 27 1935 to Jan 4 1936

I last saw her alive on Jan 7 1936 Death is said to have occurred on the date stated above, at 7:45 Am

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

Influenza Date of onset 12/22/35

Other contributory causes of importance:
Croupous Pneumonia & Pulmonary Edema 1/1/36

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? _____ 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) L. S. Shumate M. D.
(Address) Reeds Spring Mo

