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.

APR 23 1936

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

Do not use this space.

10835

File No. 1569

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City (No. St. Luke Hospital St. Ward)

2. FULL NAME: Robert Hunter

(a) Residence, No. 2718 Prospect Ave 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	white	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Stella Hunter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July-18--1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	58	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Iron Worker

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): Missouri

FATHER

13. NAME: John Hunter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Lucinda Groones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Mrs. Robert Hunter
(ADDRESS): 2718 Prospect

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Osceola-Mo. DATE: March 22 1936

19. UNDERTAKER: Mrs. C. L. Forster
(ADDRESS): 918 Brooklyn

20. FILED: Mar 20 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March-20----, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1936, to Mar. 20, 1936

I last saw him alive on Mar. 20, 1936. Death is said to have occurred on the date stated above, at 3--A m.

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

	Date of onset
Lobar pneumonia	7 days.
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? 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? No

If so, specify:

(Signed) A. M. Engle, M. D.

(Address) 201 Plaza Theater Bldg

Med. Ctr. Bldg.
Va-5150
So 1302
201 Plaza Bldg.