

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

Do not use this space.

APR 21 1936

1. PLACE OF DEATH
 County Missouri Registration District No. 557
 Township Raymond Primary Registration District No. 5757
 City (No. _____) St. _____ Ward _____

11595

File No. _____
 Registered No. 27

2. FULL NAME Rachel Passnick Hunter
 (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 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 Charles Hunter, deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22-1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>87</u>	<u>10</u>	<u>25</u>	

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

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) Knob County
 (STATE OR COUNTRY) Kentucky

FATHER 13. NAME John Howard Mc Kirdley

14. BIRTHPLACE (CITY OR TOWN) Not known
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Bashby Irwin

16. BIRTHPLACE (CITY OR TOWN) Not known
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Mary Belmont
 (ADDRESS) Rt 1, Newell, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hunter DATE 3-18 1936

19. UNDERTAKER Martin Funeral Home
 (ADDRESS) Princeton, Mo

20. FILED 3/18 1936 J. M. Perry Registrar
3/18-36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1936

I HEREBY CERTIFY, That I attended deceased from Feb 16-36 1936 to March 17 1936
 I last saw him alive on March 16 1936 Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset _____

1. Senility - has been gradually failing in strength for 1 year
 2. Acute bronchitis - 2 weeks

Other contributory causes of importance:
Cardio-vascular - renal arteria

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys & lab 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 _____, 1936
 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. St. Bristol M. D.
 (Address) Princeton, Mo

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.

