

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. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

Dr G W JUN 23 1936

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

Do not use this space.

16065

1. PLACE OF DEATH
 County Mississippi Registration District No. 566
 Township Gwynneth Primary Registration District No. 5762
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME George Carl Hunter
 (a) Residence, No. Mississippi Co. St. Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 70

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 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) April 25 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 — —

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
 10. Date deceased last worked at this occupation (month and year) June 10 - 1930 11. Total time (years) spent in this occupation. life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

FATHER
 13. NAME Marion Hunter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
 15. MAIDEN NAME Marion Brown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT A. E. Hunter
 (ADDRESS) Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Amour DATE April 26 36

19. UNDERTAKER Travis N. Shelby
 (ADDRESS) East Prairie Mo

20. FILED June 5th 1936 J. E. Vernon
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1935, to April 25, 1936
 I last saw him alive on Oct 30, 1935. Death is said to have occurred on the date stated above, at 11:40 a.m.
 The principal cause of death and related causes of importance were as follows:
Cancer of Left Ear
 Date of onset _____

Other contributory causes of importance: 52

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 George W. Whiteaker, M. D.
 (Signed) _____
 (Address) East Prairie Mo

