

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.

JUL 25 1936

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

Do not use this space.

16383-a

1. PLACE OF DEATH
 County Chillicothe Registration District No. 678
 Township St. James, Mo. Primary Registration District No. 1111
 City St. James, Mo. (No. 1111) St. Ward

2. FULL NAME Harry J. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6, 1890

7. AGE YEARS 45 MONTHS 6 DAYS 9 If LESS than 1 day,hrs. ormin.

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

MOTHER FATHER
 13. NAME Michael Hunter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greates, Mo.
 15. MAIDEN NAME Catherine McCann
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Heming, Mo.

17. INFORMANT Miss Leola Hunter (ADDRESS) Cuba, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Country DATE April 18, 1936

19. UNDERTAKER Jack Howell (ADDRESS) Cuba, Mo.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1936

22. I HEREBY CERTIFY, that I attended deceased from 4/12, 1936, to 4/15, 1936
 I last saw him alive on 4/15, 1936 Death is said to have occurred on the date stated above, at 7 P.M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset
108
 Other contributory causes of importance: Cholera
 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) E. A. Scott, M. D.
 (Address) St. James, Mo.

