

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.

MAY 27 1936

16581

1. PLACE OF DEATH

County Osage
Township Thompson
City Waverly (No. _____)

Registration District No. 757
Primary Registration District No. 5990

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

2. FULL NAME

John C. Hunt

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Sarah A. Hunt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 29 - 1869</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>6</u>	DAYS <u>18</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gentryville Ind.</u>	
	13. NAME <u>Isiah Hunt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Foldsenville Ind.</u>	
	15. MAIDEN NAME <u>Martha Demit</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Corryton Ky.</u>	
	17. INFORMANT <u>Mrs. Clarence C. Gearls</u> (ADDRESS) <u>704 S. Duane Ave. St. Louis Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Waverly Mo.</u> DATE <u>April 18, 1936</u>		
19. UNDERTAKER <u>Mrs. Minnie Gish</u> (ADDRESS) <u>Waverly Mo.</u>		
20. FILED <u>4/23</u> 1936 <u>Stearns</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935 to April 17, 1936
I last saw him alive on April 17, 1936. Death is said to have occurred on the date stated above, at 12:45 a. m. -
The principal cause of death and related causes of importance were as follows:
chronic myocarditis
986
Other contributory causes of importance senility - hard work

Date of case	<u>one or more years past.</u>
--------------	--------------------------------

Name of operation none Date of _____
What test confirmed diagnosis? chest 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 _____, 19____
Where did injury occur? L
(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) Stearns, M. D.
(Address) Waverly Mo.

