

JUN 23 1936 MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19847

1. PLACE OF DEATH

County Jefferson
Township Meramec
City (No. St. Joseph. Inf.)

Registration District No. 445
Primary Registration District No. 3580

File No. 1096
Registered No. _____
St. _____ Ward _____

2. FULL NAME Oliver Hunot

(a) Residence, No. St. Joseph Hill Infirmary, Ward _____
(Usual place of abode) Meramec, Mo.

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 Male 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 Mary Hunot

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>-</u>	<u>3</u>	

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

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

13. NAME William Hunot

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

15. MAIDEN NAME Mary Burr.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Oliver Hunot
(ADDRESS) 3708 Olive Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Desoto Mo. DATE May 22 1936

19. UNDERTAKER Thayer Holders.
(ADDRESS) 2331 1/2 Broadway.

20. FILED 5/20 36 James A. Towson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1936, to May 12, 1936
I last saw him alive on May 12, 1936 Death is said to have occurred on the date stated above, at 6:55 A.m.

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

Other contributory causes of importance:
Chronic Valvular Disease of the Heart

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) Jesse S. Sargent, M. D.
(Address) Route 3, Eureka, 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.

