

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

Do not use this space.

20177

1. PLACE OF DEATH

County Newton
Township Neosho
City Neosho (No. _____)

Registration District No. 609
Primary Registration District No. 4363

File No. _____
Registered No. 76 St. _____ Ward)

2. FULL NAME

(a) Residence, No. Neosho Mo R #2 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Howard Hunter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 23, 1856</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>7</u>
		DAYS
		<u>0</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>Carpenter</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Co. Ind.</u>		
FATHER	13. NAME <u>Fredrick Hunter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Green Co. Penn.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Whiteman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Co. Ind.</u>	
17. INFORMANT <u>Cynthia C. Cornway</u> (ADDRESS) <u>Neosho R #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Neosho 2.08</u> DATE <u>5-26-36</u>		
19. UNDERTAKER (ADDRESS) <u>Geary Thompson</u> <u>Neosho Mo</u>		
20. FILED <u>6-10-36</u> <u>Orval A. Sak</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936, to May 23, 1936
I last saw him alive on May 22, 1936. Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset May 10

Other contributory causes of importance:
Hypertension
Chronic Subarticular Nephritis

Name of operation None Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? Yes

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) T. R. Bowman M. D.
(Address) Neosho, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

