

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

Do not use this space.

68
JUN 25 1936

20230

1. PLACE OF DEATH

County Perry Registration District No. 660
Township Perryville mo. Primary Registration District No. 4396
City Perryville mo. (No.) St. Ward

File No.
Registered No.

2. FULL NAME Joseph Hunt

(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hunt.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 1 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. quit at Public School.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School.
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) Perry Co. Mo.

13. NAME Cornelius Hunt.

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

15. MAIDEN NAME Frances Habice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio

17. INFORMANT (ADDRESS) Mrs Joseph Hunt Perryville mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Boniface cemetery DATE May 18 1936

19. UNDERTAKER (ADDRESS) Young & Hendrick Perryville mo.

20. FILED May 17 1936 Joe J. Zoller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15 1936 to May 16 1936

I last saw him alive on May 14 1936. Death is said to have occurred on the date stated above, at 1:40 P.M.

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

Carcinoma Intestines Date of onset 6 mon to 1 year
General arteriosclerosis
Chronic myocarditis

Other contributory causes of importance:

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) Oscar A. Carron M. D.
(Address) Perryville, 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.

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