

JUN 24 1936

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

Do not use this space.

23091

1. PLACE OF DEATH

County Jackson Registration District No.
Township Kan Primary Registration District No.
City Kansas City (No. K C Gen Hosp) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

Fannie Hunter
(a) Residence, No. 4409 Forest St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 - 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 6 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Illinois

MOTHER FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Reverend Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 6-29-36

19. UNDERTAKER (ADDRESS) Stine & McCher

20. FILED 6-27-36 m m c Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-23-1936 to 6-25-1936

I last saw he alive on 6-26-1936 Death is said to have occurred on the date stated above, at 9:23 AM

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

Strangulated Hernia; Generalized Peritonitis

Date of onset

Other contributory causes of importance: Bronchopneumonia

Name of operation Hernia Date of 6-26-36
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury 6-26-36
Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Jensen, M. D.
(Address) 2020 E. C. Gen Hosp

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.

