

## MISSOURI STATE BOARD OF HEALTH

Do not use this space.

0968

AUG 15 1936

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25609

## 1. PLACE OF DEATH

County BUSMANAN  
Township Washington  
City ST JOSEPHRegistration District No. 85  
Primary Registration District No. 1001  
(No. STATE Hosp #2)File No. \_\_\_\_\_  
Registered No. 971  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

George Hunt  
(a) Residence, No. ST JOSEPH Mo St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (IN Hosp)Length of residence in city or town where death occurred 0 yrs. 9 mos. 12 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) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Deceased + Unknown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29, 18557. AGE YEARS 80 MONTHS 8 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown - Probly9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

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) Illinois13. NAME L. J. Hunt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Lydia Anne Kelley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Records - State Hosp #218. BURIAL, CREMATION, OR REMOVAL PLACE State Hospital DATE July 22, 193619. UNDERTAKER (ADDRESS) E. R. Sidman Funeral Home20. FILED July 22, 1936 H. J. Nestleburg Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1935 to July 20, 1936I last saw him alive on July 19, 1936 Death is said to have occurred on the date stated above, at 6:45 a.m.

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

Chronic Myocarditis

Date of onset

Indef

Other contributory causes of importance:

SenilityName of operation None Date of \_\_\_\_\_What test confirmed diagnosis? Clinical 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 \_\_\_\_\_, 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? No

If so, specify \_\_\_\_\_

(Signed) E. P. DeLong, M. D.(Address) State Hosp #2

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.

