

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.

AUG 18 1936

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

Do not use this space.

25970

1. PLACE OF DEATH
 County Clinton Registration District No. 206
 Township Lathrop Primary Registration District No. 2124
 City Lathrop No. _____ St. _____ Ward _____

2. FULL NAME Alice Holmes Hunter
 (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 Female 4. COLOR OR RACE White 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) May 3, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>84</u>	<u>2</u>	<u>15</u>	

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) Wisbeach England

13. NAME Robert Holmes

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

15. MAIDEN NAME Elizabeth Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisbeach England

17. INFORMANT Guy A. Willis
(ADDRESS) Lathrop, Mo.

18. BURIAL, CREMATION, OR MEMORIAL PLACE Mount City, Mo. DATE July 21, 1936

19. UNDERTAKER W. M. Webb
(ADDRESS) Lathrop, Mo.

20. FILED 7-20-36 E. B. Dinkum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18-36

22. I HEREBY CERTIFY, That I attended deceased from July 15-36 to July 18-36
 I last saw him alive on July 17-36 Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Heart Exhaustion Date of onset _____

Other contributory causes of importance:
Senile Stenosis

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) J. J. Lorfeld, M. D.
 (Address) Lathrop, Mo.

