

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.
 30452-a
 File No. _____
 Registered No. _____
 St. _____ Ward _____

1. PLACE OF DEATH

County Wymon Registration District No. 283
 Township Apple Primary Registration District No. 5402
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Bobbie M. Hunters

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3, 1938</u>		
7. AGE YEARS <u>3</u>	MONTHS <u>3</u>	DAYS <u>3</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>X</u>	11. Total time (years) spent in this occupation <u>X</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>	
	10. Date deceased last worked at this occupation (month and year) <u>X</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wagon County</u>		
FATHER	13. NAME <u>A. S. M. Hunters</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wagon County</u>	
MOTHER	15. MAIDEN NAME <u>Gertrude M. Hunters</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wagon County</u>	
17. INFORMANT (ADDRESS) <u>A. S. M. Hunters</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wagon County</u> DATE <u>Aug 7 1936</u>		
19. UNDERTAKER (ADDRESS) <u>M. Regal</u>		
20. FILED <u>11-2</u> , 19 <u>6</u> <u>E. S. Newsom</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1936, to Aug 6, 1936

I last saw him alive on Aug 6, 1936. Death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:
Bronch. Pneumonia
Whooping cough #
9

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) D. P. Dempsey, M. D.
 (Address) Cardwell

