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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 17 1936

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

Do not use this space.

33563

1. PLACE OF DEATH
County Barry — Registration District No. 29 — File No.
Township Jenkins — Primary Registration District No. 5048 — Registered No. 56
City Jenkins (No. , St. Ward)

2. FULL NAME Phoebe C Hunt
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John W Hunt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov, 26-1848

7. AGE: YEARS 87 — MONTHS 10 — DAYS 4 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Alabama

FATHER
13. NAME: J Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

MOTHER
15. MAIDEN NAME: Ann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

17. INFORMANT (ADDRESS): Mrs Erma Perriman, Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leann Mo. DATE Oct, 1, 1936

19. UNDERTAKER (ADDRESS): King Funeral Home, Aurora Mo.

20. FILED 10-20 1936 Geo W Newman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept, 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933 to Sep 30, 1936
I last saw her alive on July 10, 1936. Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	not known

Other contributory causes of importance: Senality

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 Will Smith, M. D.
(Address) 121 West Pleasant Aurora Mo