

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 22 1936

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

Do not use this space.

37069

1. PLACE OF DEATH

County *Christian*

Registration District No. *181*

Township *Path*

Primary Registration District No. *5251*

City *Bellvue* No. _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Albricht Hunter

(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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF *Ms. Alberta Hunter*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 14th 1862*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 10 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

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) *Switzerland*

FATHER 13. NAME *John Hunter*

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

MOTHER 15. MAIDEN NAME *Magdalena Burger*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland*

17. INFORMANT (ADDRESS) *Miss Minnie Hunter, Bellvue Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Rose Hill* DATE *10-8-1936*

19. UNDERTAKER (ADDRESS) *A. J. Wallace, Bellvue Mo.*

20. FILED *Oct. 9 1936 F. N. Brown Registrar.*

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *Oct 3*, 1936, to *Oct - 6*, 1936.

I last saw him alive on *Oct - 6*, 1936. Death is said to have occurred on the date stated above, at *5:50 p.m.*

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance: *Arteriosclerosis*

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) *F. H. Brown*, M. D.
(Address) *Bellvue Mo.*

