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 16 1936

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

Do not use this space.

37626

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township ~~Kan~~ — Primary Registration District No. 1002
City Kansas City (No. 4027 Clark St. Ward)

File No. 4476
Registered No.

2. FULL NAME Mrs Martha Turner Hunt
(a) Residence, No. 4027 Clark St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A Eugene Hunt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-21-1869
7. AGE YEARS 67 MONTHS 1 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleswoman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cosmetic Co
10. Date deceased last worked at this occupation (month and year) 3 yrs
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton Iowa

FATHER
13. NAME Dr James C Turner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Mandane Randall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Luella T Phillips 4027 Clark
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation DATE Oct 9 1936
19. UNDERTAKER (ADDRESS) Dyer Newcomers Sons Kansas City - Mo
20. FILED Oct 8 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-7 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to Oct 7, 1936
I last saw her alive on Oct 6, 1936 Death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

Sarcoma of Liver

Date of onset

Other contributory causes of importance:

46

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) [signature], M. D.
(Address) Waldheim Bldg

Dr John Paul
707 Waldheim Bldg
11-5