

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 28 1936

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

Do not use this space.

38055

1. PLACE OF DEATH
 County Jasper Registration District No. 411
 Township Patena Primary Registration District No. 2002
 City Joplin (No. St. Johns Hospital) St. _____ Ward _____

2. FULL NAME Bertha Hunter
 (a) Residence, No. 1509 Pearl St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arthur Hunter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 29 1888</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>6</u>
	DAYS <u>22</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>	
	10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/> 11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hartsville Missouri</u>		
MOTHER	13. NAME <u>Ed Gorman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hartsville Missouri</u>	
	15. MAIDEN NAME <u>Josephine Clayton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hartsville Missouri</u>	
17. INFORMANT <u>Arthur Hunter</u> (ADDRESS) <u>1509 Pearl Joplin, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Park Cem. Joplin</u> DATE <u>October 14 1936</u>		
19. UNDERTAKER <u>Lawyer Mortuary</u> (ADDRESS) <u>1502 1/2 Joplin St. Joplin, Mo.</u>		
20. FILED <u>10-14-36</u> <u>Ed E. Jones</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 12 1936

22. I HEREBY CERTIFY, That I attended deceased from 9:30, 1936, to 10-12, 1936.
 I last saw her alive on 10-12, 1936. Death is said to have occurred on the date stated above, at 4:45 P. m.
 The principal cause of death and related causes of importance were as follows:
Coronary (Synoid) Date of onset ?
40
 Other contributory causes of importance: Acute Obstruct 15/9/36
 Name of operation Suspension Date of 10/12/36
 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? h
 If so, specify _____
 (Signed) Thull, M. D.
 (Address) Joplin, Mo.

