

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.

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

Do not use this space.

LAN 28 1937

43834

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph, (No. 622 Independence Ave.)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 1528
St. _____ Ward)

2. FULL NAME

Roy R. Hunt

(a) Residence, No. 622 Independence Ave. St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 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>Male</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>Katherine Hunt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 25, 1896</u>		
7. AGE YEARS <u>40</u>	MONTHS <u>9</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retail Grocer.</u>		
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) <u>St. Joseph, Mo.</u>		
13. NAME <u>Hal E. Hunt</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arlington, Ill.</u>		
15. MAIDEN NAME <u>Dora Wagenknecht</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk. Germany.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Katherine Hunt 622 Independence Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park Cemetery Dec. 14, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Walter Meinholder 1302 Parson St. St. Joseph, Mo.</u>		
20. FILED <u>Dec 14 1936</u> <u>W. J. [Signature]</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 11th 1936 only, 1936.
I last saw him alive on Dec 11th 1936 Death is said to have occurred on the date stated above, at 6.15 m. A.M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Acute Alcoholism
Date of onset _____

Other contributory causes of importance:
Acute Alcoholism

Name of operation _____ Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

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? No
If so, specify _____
(Signed) Dr. John Speer
(Address) Patrick Bldg. St. Joseph, Mo.

