

FEB 16 1937

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

Do not use this space.

44064

1. PLACE OF DEATH

County Cass Registration District No. 157
Township Index Primary Registration District No. 4088
City (No. _____) St. _____ Ward _____

2. FULL NAME

Rallie Katharine Hunt

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kathy William Hunt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 28-1857</u>		
7. AGE <u>79</u>	YEARS	MONTHS
	<u>8</u>	<u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Homemaker</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1926

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 21, 1926 1926, to Dec. 13, 1926

I last found alive on Dec. 13, 1926 Death is said

to have occurred on the date stated above, at 3:40 P. m.

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

Chronic glomerular nephritis with hypertension
Thrombosis
Other contributory causes of importance: Senility
Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1926

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) D. S. Snider

(Address) Harrisville, Mo.

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>James Parker</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>
	15. MAIDEN NAME <u>Elizabeth Ann Alclair</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Ina Hirschman</u>
18. BURIAL, CREMATION, OR REMOVAL	
PLACE	DATE
<u>Rose Hill</u>	<u>12/15 1926</u>
19. UNDERTAKER (ADDRESS) <u>Burienburg Bros Rec Harrisville Mo.</u>	
20. FILED <u>225</u> 19 <u>26</u> <u>J. H. ...</u> Registrar	

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.

