

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

Do not use this space.

1. PLACE OF DEATH

County Gasconade

Registration District No. 409

File No. 1800

Township Carthage

Primary Registration District No. 3020

Registered No. _____

City Carthage (No. _____) St. _____ Ward _____

2. FULL NAME Sylvanus P. Hunt

(a) Residence, No. Box 406 St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 OF (OR) WIFE OF Sophonia Hunt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 9 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 1/2
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) Lawrence Co. Missouri

13. NAME Daniel Hunt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Odes Hunt Oak & Brown - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Grove Cem. DATE Jan 8, 1937

19. UNDERTAKER (ADDRESS) Wm. M. Estuary Carthage, Missouri

20. FILED Jan 8, 1937 E. B. Colleton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/10, 1934, to 1/7, 1937

I last saw him alive on 1/9, 1937 Death is said to have occurred on the date stated above, at 3:09 m.

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

Chr Degenerative myocarditis Date of onset 1934
Chr purulent bronchitis 1936

Other contributory causes of importance: AS

Name of operation none Date of _____

What test confirmed diagnosis Jan. P. hp Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) W. A. LaFare, M. D.
(Address) Carthage Mo

