

FEB 23 1937

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

Do not use this space. ✓

3031

1. PLACE OF DEATH
96 County St. Louis Registration District No. 790
7 Township Wentzville Primary Registration District No. 6033 a
7 City Clayton (No. St. Louis County Hospital St. 1 Ward)

2. FULL NAME Babynamme Hunter
(a) Residence, No. 624 N. W. Hubbard Mo Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Never born

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-17-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. of min.
- - 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Clayton Mo

13. NAME Clarence Hunter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo

15. MAIDEN NAME Virgie Perry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo

17. INFORMANT (ADDRESS) Mrs. Hunter 624 N. W. Hubbard Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentzville, Mo DATE Jan. 27 1937

19. UNDERTAKER (ADDRESS) ALBERT H. HOPPE 429 N. Euclid

20. FILED 1/27 1937 Dr. J. Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-17-1937, to 1-25-1937.
I last saw h. u. alive on Jan 25-1937 Death is said to have occurred on the date stated above, at 2:25 PM.
The principal cause of death and related causes of importance were as follows:
Septic newborn Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? h.

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) R. D. Phillips M. D.
(Address) St. Louis Co. Hosp Clayton Mo

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.

