

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

Do not use this space.

MAR 23 1937

1. PLACE OF DEATH.

County Mississippi Registration District No. 576 File No. 7280  
Township \_\_\_\_\_ Primary Registration District No. 3030 Registered No. 4  
City Charleston, Mo. Red Cross Emergency Hospital (Ward)

2. FULL NAME

James Hunt to flood sufferer  
(a) Residence, No. 1516 Blair Station Mo (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 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 Mrs Leatha Hunt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) near 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
46 yrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer +  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mechanic.  
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) not known

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known.

17. INFORMANT J. J. Vernon (ADDRESS) Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. City DATE July 17<sup>th</sup> 1937

19. UNDERTAKER Mr. Frank Lair (ADDRESS) Charleston Mo

20. FILED 2-17- 1937 J. J. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1937, to 2-16, 1937  
I last saw him alive on 2-16-37, 1937 Death is said to have occurred on the date stated above, at 2:35 AM.

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

Sunshot wound (Date of onset)  
of abdomen.

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Homicide Date of injury 2-16, 1937  
Where did injury occur? Charleston, Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury in city street  
Nature of injury sun shot of abdomen

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Charles J. Farrington M. D.

(Address) St. Louis, Mo.

West End School Hospital  
Red Cross.

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.

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