

MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

10⁴ County Vernon
Township Washington
City State Hosp #3 (No. STATE Hosp #3)

Registration District No. 875Primary Registration District No. 6162File No. 9236Registered No. 67

St. _____ Ward _____

2. FULL NAME Mrs Eugene Hunt(a) Residence, No. Nevada Mo St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. 27 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 (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. W. Hunt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>72</u>				

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. housewife

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) Illinois

13. NAME Wm Mather

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Jane G. Bee

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

17. INFORMANT Maudie White head (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE Newton B. Park DATE 19 Feb. 1937

19. UNDERTAKER Hays Allen (ADDRESS) Nevada Mo

20. FILED 3-2 1937 M. Eschinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1937 to Feb 17 1937

I last saw h. P.Y. alive on Feb 17 1937. Death is said to have occurred on the date stated above, at 2:00 a. m.

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

Date of onset

Lobar pneumonia

Other contributory causes of importance:

Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) C. J. M. Connel M. D.(Address) Nevada Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

20M-9-38 I X7294

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.

1. The purpose of this document is to provide a comprehensive overview of the current state of the project and to identify the key challenges that must be addressed in order to ensure its successful completion.

2. The project has been initiated in response to the growing demand for a more efficient and secure system. The initial phase of the project has focused on the identification of requirements and the development of a detailed project plan.

3. The project is currently in the development phase, and the team is working to address the challenges of integrating the various components of the system. The progress made to date is encouraging, and it is expected that the project will be completed within the scheduled timeframe.

4. The team is committed to maintaining the highest standards of quality and security throughout the project. Regular communication and collaboration are essential to the success of the project, and the team will continue to work closely with all stakeholders to ensure that the project meets their needs.

5. The project is a complex and challenging endeavor, but the team is confident that it will be completed successfully. The project will provide a significant benefit to the organization and will help to ensure its long-term success.

6. The project is a high-priority initiative, and the team is working to ensure that it receives the necessary resources and support. The project will be a key component of the organization's strategic plan, and it is essential that it be completed on time and within budget.

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