

MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence (No. _____)

Registration District No. 399
Primary Registration District No. 3019

File No. 16565
Registered No. 739
St. _____ Ward _____

2. FULL NAME

Augusta P. Hinkson Hunt

(a) Residence, No. 226 E Short St., _____ 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 <u>Female</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Hunt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 19 1857</u>		
7. AGE <u>79</u>	YEARS <u>79</u>	MONTHS <u>3</u>
	DAYS <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>
	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)
Grain Valley, Mo

13. NAME
David Johnson

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

15. MAIDEN NAME
Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
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17. INFORMANT (ADDRESS)
Mr. Lon Hinkson 326 E Short Ind. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE
Washed and buried April 17 1937

19. UNDERTAKER (ADDRESS)
W. J. Mitchell Independence Mo

20. FILED 4-21-1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1937

22. I HEREBY CERTIFY, That I attended deceased from April 7 1937, to April 15 1937.
I last saw her alive on April 15 1937. Death is said to have occurred on the date stated above, at _____ m.

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

Influenza followed by Lobes of Pneumonia 4/7/37
Date of onset _____

Other contributory causes of importance:
Senility

Name of operation Cholecystectomy Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external cause (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? no
If so, specify _____
(Signed) J. M. Agee D. O. M. D.
(Address) Independence Mo

