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.

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

Do not use this space.

AUG 31 1937

1. PLACE OF DEATH
County Vernon
Township Washington
City Nevada (No. ..... , ... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 6162

File No. 28609
Registered No. 201

2. FULL NAME Charles F. Hunter
(a) Residence, No. State Hosp #3 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. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE — YEARS 66 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store
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) Arkansas

FATHER
13. NAME — Jke Hunter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — Ark

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

17. INFORMANT (ADDRESS) Record File, Hosp #3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ozark DATE Aug 3 1937

19. UNDERTAKER (ADDRESS) B. C. Klepper Ozark Mo

20. FILED Aug 1 1937 Allen V Hayo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 1 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-24 - 1937, to 8 - 1 - 1937
I last saw him alive on 8 - 1 - 1937. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 7-26-37

107a

Other contributory causes of importance:
Arteriosclerosis
Senility

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) Russ H. Potter, M. D.
(Address) State Hosp #3, Nevada