

OCT 21 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

34587

1. PLACE OF DEATH

County Keosauco Co Registration District No. 441  
Township Benton Primary Registration District No. 5-600  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 24

2. FULL NAME George Hunter

(a) Residence, No. \_\_\_\_\_ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Kate Hunter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 12 - 1883</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>3</u>
	DAYS <u>11</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>Farmer</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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1937  
22. I, HEREBY CERTIFY, That I attended deceased from May 8, 1937, to Sept 23, 1937  
I last saw deceased alive on Sept 23, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Acute regurgitation (Luetici) Date of onset unknown

Other contributory causes of importance: 34

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>John Hunter</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>
	15. MAIDEN NAME <u>Ellen Seeger</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	17. INFORMANT (ADDRESS) <u>J. C. Hunter</u>
18. BURIAL, CREMATION, OR REMOVAL	
PLACE <u>St. Louis</u> DATE <u>Sept 23, 1937</u>	
19. UNDERTAKER (ADDRESS) <u>W. S. Christie</u>	
20. FILED <u>Sept 27, 1937</u> , <u>Old Bealmer</u> Registrar.	

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Phys Exam + Microscopic Was there an autopsy? No

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) W. H. Landfather, M. D.  
(Address) Edina Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2222

