

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Webster
Township Ozark
City Marshfield (No. _____ St. _____ Ward _____)

Registration District No. 896
Primary Registration District No. 6198

File No. 35592
Registered No. 46

2. FULL NAME Ollie Mae Hunt

(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 no yrs 2 mos. 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 14, 1912

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>35</u>	<u>24</u>	<u>10</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wier, Kansas

13. NAME David Willey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vernon County, Mo.

15. MAIDEN NAME Lela Corbett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co., Mo.

17. INFORMANT Mrs. Lela Pamplin (ADDRESS) Marshfield, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Marshfield, Mo. DATE Aug. 28, 1937

19. UNDERTAKER (ADDRESS) Her Gaines, Marshfield, Mo.

20. FILED Sept 17, 1937 Elizabeth Hoffer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1937

22. HEREBY CERTIFY That I attended deceased from Aug 1, 1937 to Aug 26, 1937

I last saw her alive on Aug 26, 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Tuberculosis
Both Lungs

Other contributory causes of importance:

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) W. E. Corbett, M. D.

(Address) Marion, Mo.

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.

CONFIDENTIAL

CONFIDENTIAL

SECRET

16