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.

1. PLACE OF DEATH

County ~~Butler~~ [illegible] Registration District No. ~~91~~ 882/1193 File No. 2198

Township ~~Black River~~ [illegible] Primary Registration District No. ~~5435~~ Registered No. 1

City ..... (No. Keener, Springs District St. ..... Ward)

2. FULL NAME Lucy Ann Hunter 536

(a) Residence, No. Keener Springs District St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	3	11	

OCCUPATION

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

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) Keener Missouri

FATHER

13. NAME Levi Carpenter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

MOTHER

15. MAIDEN NAME Elizabeth Keener

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

17. INFORMANT (ADDRESS) Clifton Hunter Butler County, Mo.

18. BURIAL, CREMATION, OR REMOVAL Miller Creek Cemetery

PLACE ~~Butler Co., Mo.~~ DATE ~~Feb. 2~~ 1938

19. UNDERTAKER (ADDRESS) Frank Und. Co. Poplar Bluff, Mo.

20. FILED 2/1 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1938, to Feb 1st, 1938

I last saw her alive on Jan 31, 1938. Death is said to have occurred on the date stated above, at 12:35 AM.

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

Cancer of ground
Flame of colon

Date of onset

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MO. STATE BOARD OF HEALTH

Other contributory causes of importance: Peritonitis

Name of operation [illegible] Date of

What test confirmed diagnosis? [illegible] 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) [signature], M. D.

(Address) Poplar Bluff Mo.