

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

Do not use this space.

1. PLACE OF DEATH

County Lewis
 Township Canton
 City..... (No..... St..... Ward)

Registration District No. 477
 Primary Registration District No. 5641

File No. 3292
 Registered No. 1

2. FULL NAME John William Hunsicker 5'2.2
 (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

| | | |
|---|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida B. Banks</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 19, 1866</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>71</u> | <u>10</u> |
| | | <u>13</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Day Laborer</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..... | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1938 19
 22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7:A. m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy

Date of onset

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? 4
 If so, specify Earl H. Barkley Coroner M. D.
 (Signed) Earl H. Barkley Coroner M. D.
 (Address) Canton, Mo.

| | |
|---|---|
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Connersville Indiana</u> |
| | 13. NAME <u>John Hunsicker</u> |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> |
| | 15. MAIDEN NAME <u>Elizabeth Banks</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> |
| 17. INFORMANT <u>Mrs Daisy Davis</u> (ADDRESS) <u>Canton Missouri</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Benjamin, Mo.</u> DATE <u>Jan. 4, 1938</u> | |
| 19. UNDERTAKER <u>Earl H. Barkley</u> (ADDRESS) <u>Canton Missouri</u> | |
| 20. FILED <u>Jan. 4, 1938</u> <u>H. W. Harris</u> Registrar | |

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.

RECEIVED

FEB 25 1938

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