

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.

REC'D MAY 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 403 File No. 14859
Township Prairie Primary Registration District No. 5557 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

John Samuel Hunt 5:30
(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 Male 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14, 1854

7. AGE YEARS 83 MONTHS 8 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer
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) Ny.

MOTHER FATHER
13. NAME Joseph Hunt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny.

15. MAIDEN NAME Don't know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know.

17. INFORMANT (ADDRESS) Mrs. Iland Pivonia, Lu Summit, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove, Mo. DATE 4/16 1938

19. UNDERTAKER (ADDRESS) 301 West Oak Grove, Mo.

20. FILED 4/19 1938 Ammanbank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7th 1938 to April 13th 1938

I first saw him alive on April 13, 1938. Death is said to have occurred on the date stated above, at 2:10 P.M.

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

Branch pneumonia
Date of onset _____
Other contributory causes of importance: chronic interstitial pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? Fluorometer Was there an autopsy? yes

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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) James R. Brown, M. D.
(Address) 6241 1/2 S. 13th St.

J. O. Brown
6241 E 15th
Ph - Bee, 1332

1300 N. Liberty