REC'D MAY 10 1938

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

Do not use this space.

File No. 15390

Registered No.

1. PLACE OF DEATH
County New Madrid
Township West
City R.F.D. (No. ..., ... St. ..... Ward)

Registration District No. 6052
Primary Registration District No. 5779

2. FULL NAME Hattie Hunt 5[illegible]

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Wife of Arnold Hunt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1876 - August

7. AGE: YEARS 61 | MONTHS Not known | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. ——
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) Missippi

FATHER
13. NAME Billy Webb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missiseippi

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Arnold Hunt Morehouse, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset addition DATE 6/25/37 19..
Sikeston, Mo. Cem. H.J. Welsh

19. UNDERTAKER (ADDRESS) Sikeston, Mo

20. FILED ..... 19.. John Parrish Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1937, 19.., to Aug. 21, 1937, 19.. I last saw h[illegible]er alive on Aug. 20, 1937. Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of ——
What test confirmed diagnosis? Clinical 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? No
If so, specify ——
(Signed) [illegible], M. D.
(Address) Morehouse, Missouri.

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