

REC'D JUN 15 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County

Township

City

Jefferson  
 Mississippi River  
 (No. )

Registration District No.

Primary Registration District No.

(No. )

(No. )

1  
 421  
 5-5-75

File No.

Registered No.

St.

Ward)

18595

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

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.

Robert Hunt 530  
 St. Louis mo  
 (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Anna L. Hunt

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

Aug 6 - 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

64

9

18

OCCUPATION

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

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

W. P. A.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas City mo

13. NAME

Michael Hunt

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

Ireland

15. MAIDEN NAME

Ellen - Unknown

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

Ireland

17. INFORMANT (ADDRESS)

Anna L. Hunt

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

St. Matthews

5/15 1938

19. UNDERTAKER (ADDRESS)

E. L. Jenkins

(ADDRESS)

Jestus mo.

20. FILED

5/25

1938

J. E. Rutledge

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1938

22. I HEREBY CERTIFY, That I attended deceased

from 19 to 19

Last seen alive on 19 Death occurred

to have occurred on the date stated above, at

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

by Inquest duties on may 24, 1938.

Body was taken from Mississippi River at Mercurium Mo.

Other contributory causes of importance:

Cause of death unknown

Inquest pending

Name of operation none Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) Frank Frazier Corneil

(Address) Jestus, Mo

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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.

